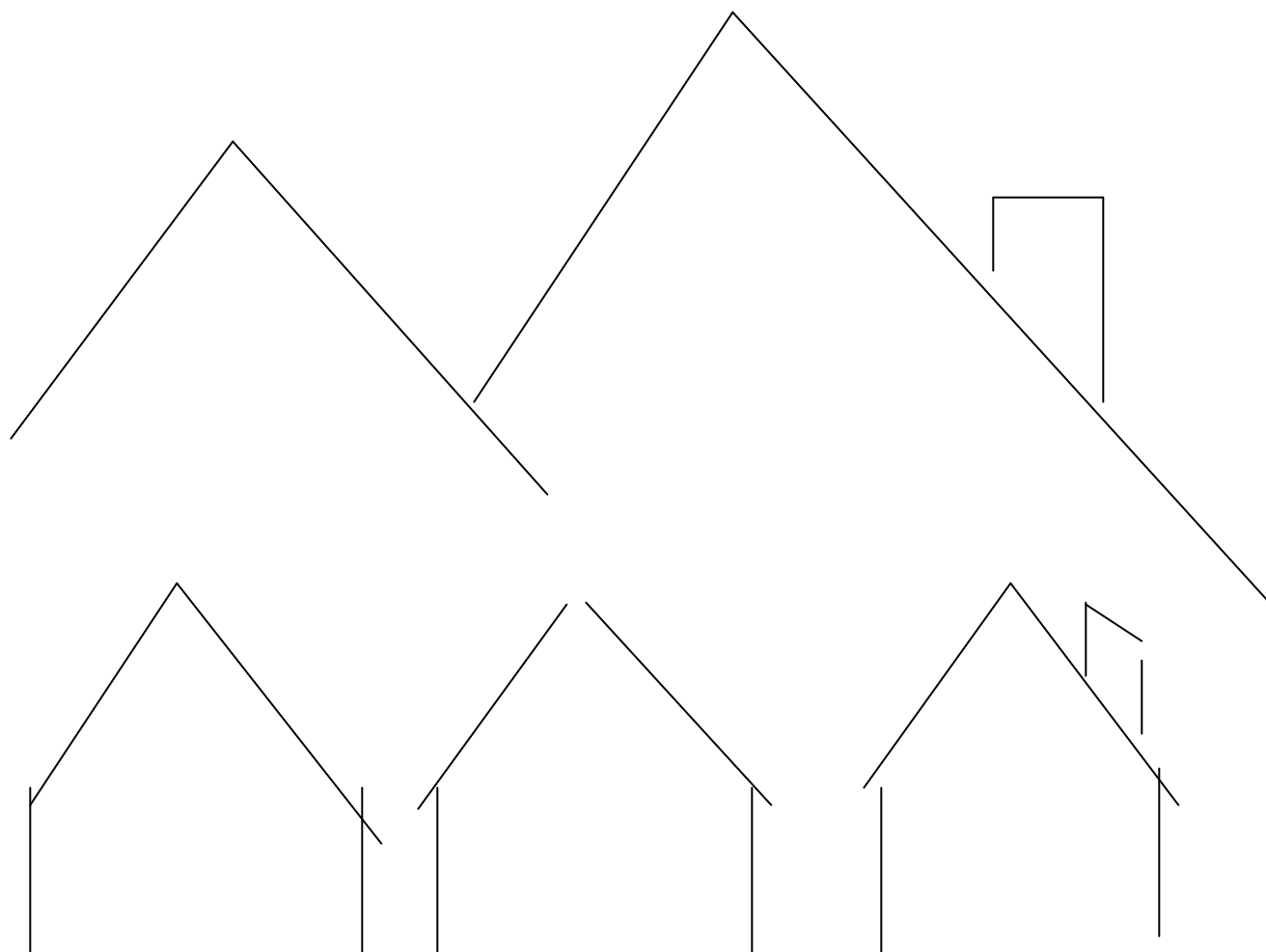


“Individualizing Residential Supports” Resource Manual



STATE OF TENNESSEE

DIVISION OF MENTAL RETARDATION SERVICES

2003

“Individualizing Residential Supports” Resource Manual

Introduction

In order to facilitate the design and implementation of residential supports built around individual's and their desires and expectations, the Tennessee Division of Mental Retardation Services (DMRS), in partnership with people with disabilities, families, provider agencies, advocacy groups, and other state offices have developed this "Individualizing Residential Supports" Resource Manual. The Manual has four chapters that cover: how to design residential supports, various live-in models of support, definitions and information on host family supports, and a wrap-up chapter on relevant resources.

The Manual will help families and people with disabilities to understand what residential support options there are and what quality indicators they need to look for in individualized residential supports. In addition, the Manual will help providers educate themselves on relevant issues involved in serving people through more individualized residential support options and help dispel myths about Department of Labor and Internal Revenue Services rules and regulations. Providers will be better equipped to make informed decisions about how to individualize their residential supports without loss of revenue. They will be enabled to better support people with disabilities while simultaneously continuing to ensure the strength and viability of their agency. Perhaps most importantly, this manual gives practical examples, advice and fact based answers to the frequently asked questions about how good, individualized, economically effective residential supports can be designed and implemented.

While our goal is to spread the word about designing and implementing more person-specific, person-focused, individualized methods of supporting Tennesseans with disabilities, we recognize the very real financial difficulties that we all face in serving and supporting people. Therefore, this manual is not just philosophy, it deals with the nuts and bolts, real life issues that providers need addressed such as: Peak Hours, Safety Plans, assessment, shift versus live-in models, DOL regulations, what the Code of Federal Regulations says about live-in models, Tennessee Licensure issues, Social Security representative payee issues, and more.

When designing the supports that wrap around a person in a residential setting, the focus is to provide the person the individualized help he or she needs to live successfully in a place of her or his choosing. Residential support is all about choice, creativity in designing the supports, and creating good and lasting relationships with a wide variety of people. As John and Connie Lyle O'Brien point out, experience shows that many ordinary people have the skills and talent to master the art of assisting people with disabilities in making and keeping their places in community. Further, designing individualized residential supports requires organizing and managing systems and agencies in new ways that challenge common images of how organizations work and how they change. What does this mean for the people we support? It means that, the most important part of the process of designing residential supports is having abilities that result in: forming and sustaining relationships; listening, looking, and thinking carefully; and inventing solutions to everyday problems.

Department of Mental Health and Developmental Disabilities website:

www.state.tn.us/mental

“Individualizing Residential Supports” Resource Manual

Introduction

Chapter 1 Designing Residential Supports

- ◆ Building Supports Around People
- ◆ Peak Hours Status Review Form*
- ◆ Safety Plan For Waiver Enrollees Who Do Not Have 24 Hour Caregiver Services(non 24 Hour) Characteristics*
- ◆ Safety Plan Regional Office Approval Checklist*
- ◆ Questionnaire To Assist In Developing Non 24 Hour Supports

Chapter 2 Live in Model of Supports

- ◆ Shift Staff Model vs Live-In Companion Model Advantages and Challenges
- ◆ Best Practices To Screen And Match Paid Live-In Companions With Individuals
- ◆ Companionship Services Summary By ANCOR
- ◆ Sample Agreement With Live-In Companion
- ◆ Sample Letter Of Understanding With Companions
- ◆ Consideration for Contracting or Employing Live-In Companions
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Chapter 3 Host Family Supports

- ◆ Host Family Support Definition
- ◆ Host Family Support Advantages and Challenges
- ◆ Best Practices To Consider When Selecting Host Family Providers
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- ◆ Host Family Initial Site Survey*
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Chapter 4 Resources

- ◆ Tennessee Residential Services Licensure Crosswalk
- ◆ Lease Guidelines For Contracted Agencies Who Own Homes
- ◆ U.S. Department Of Labor Rules Governing Overnight/Sleep Staff Compensation
- ◆ Through Asking The Right Questions, You Can Find The Support You Need
- ◆ Legal References
- ◆ Social Security Representative Payee Summary of Responsibilities
- ◆ Location Of Tennessee SSI Offices And Website.
- ◆ Websites Of Interest

The Items marked with an Asterisk () are anticipated to be required for Residential Providers according to the Tennessee DMRS Provider Manual.

Chapter 1

Designing Residential

Supports

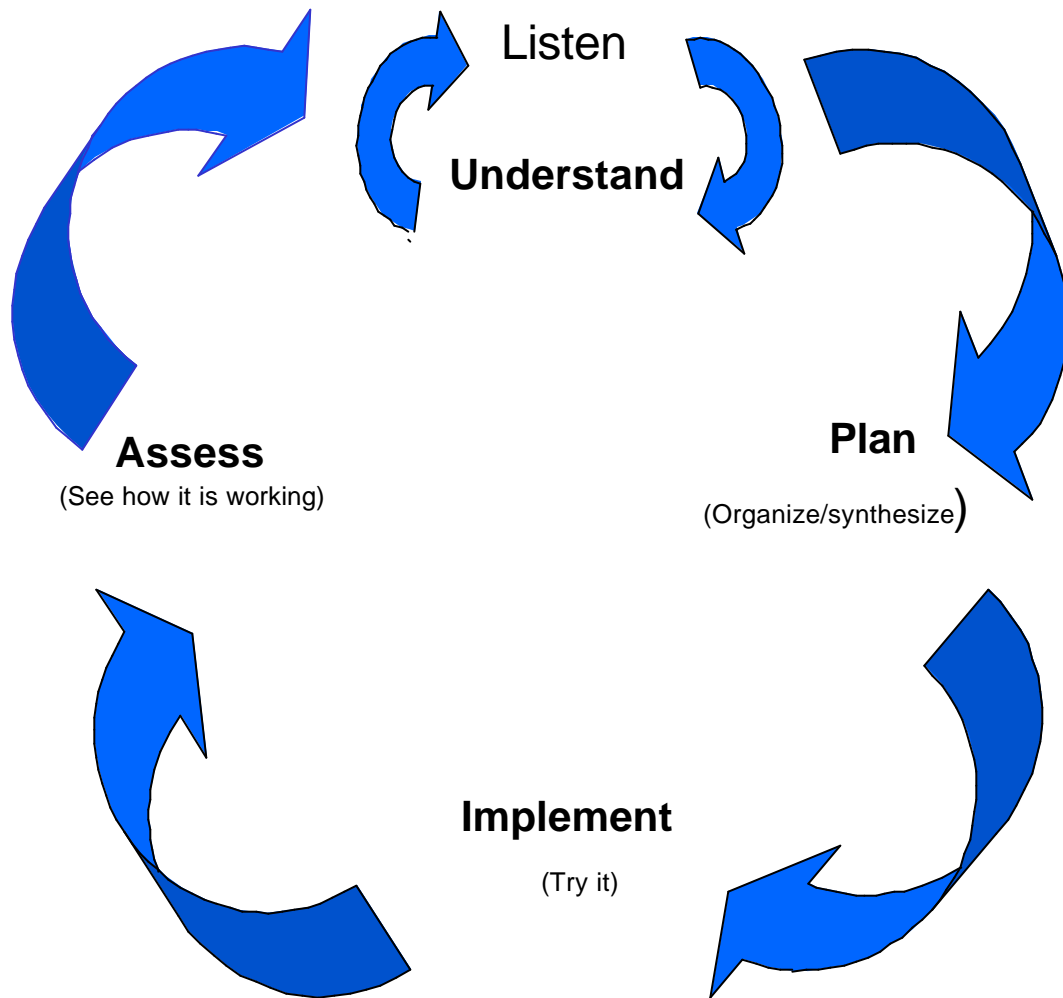
Building Supports Around People



Laying the foundation...

It all begins with planning

Person Centered Planning - Learning Wheel



Going From Planning To Action

Learn/describe-

- what is important to and what is important for the person

Explore what is conceivable -

- see what has been done elsewhere
look for best options

Make it happen -

- be able to “navigate” local system
- have sufficient control over resources
- develop local capacity

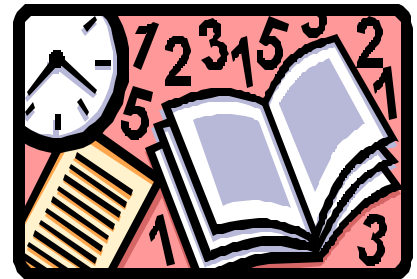
The Sequence of Delivering Services



PERSON



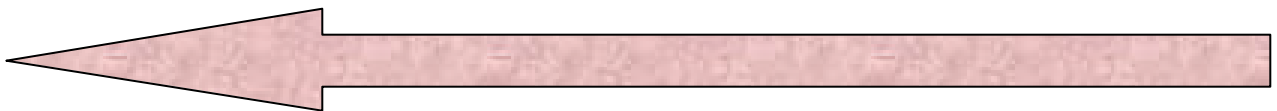
DREAM



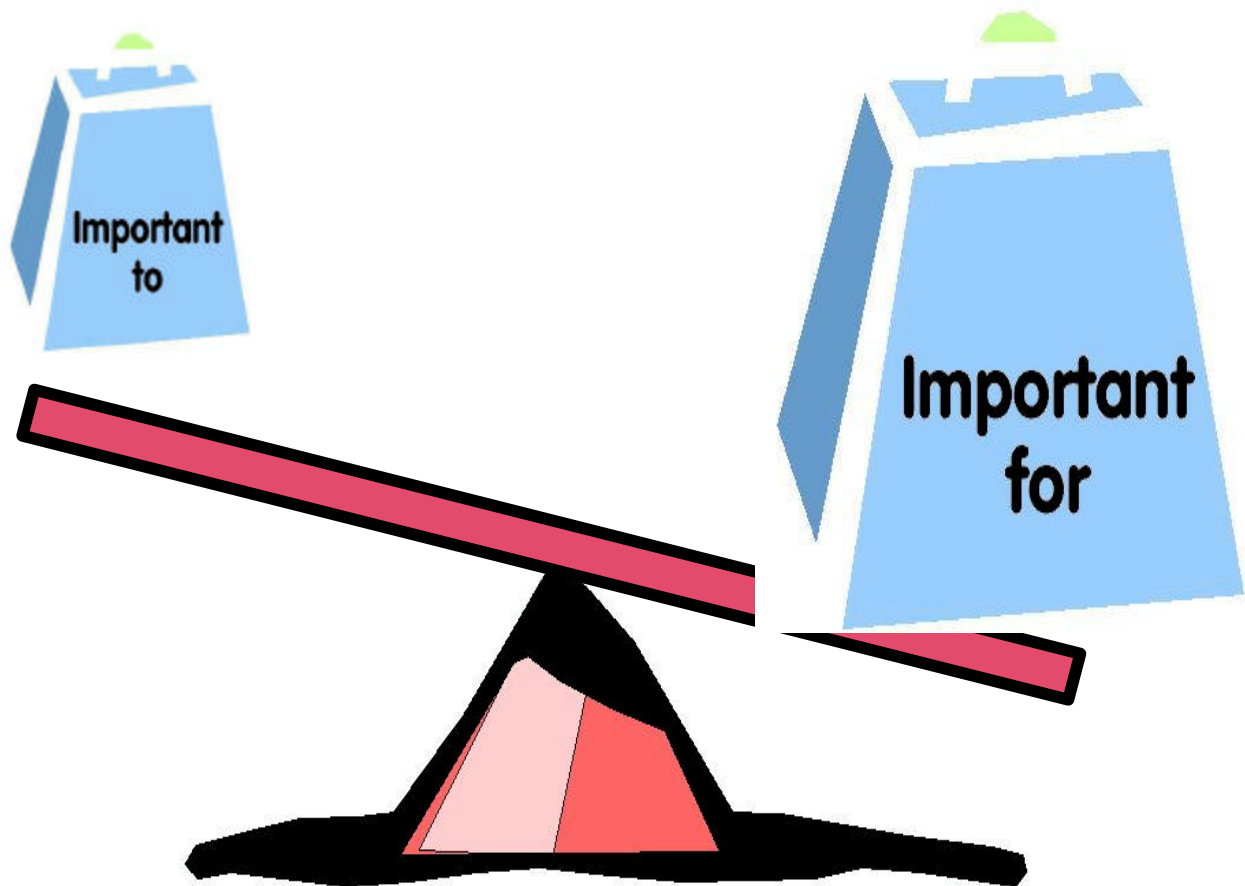
SUPPORT



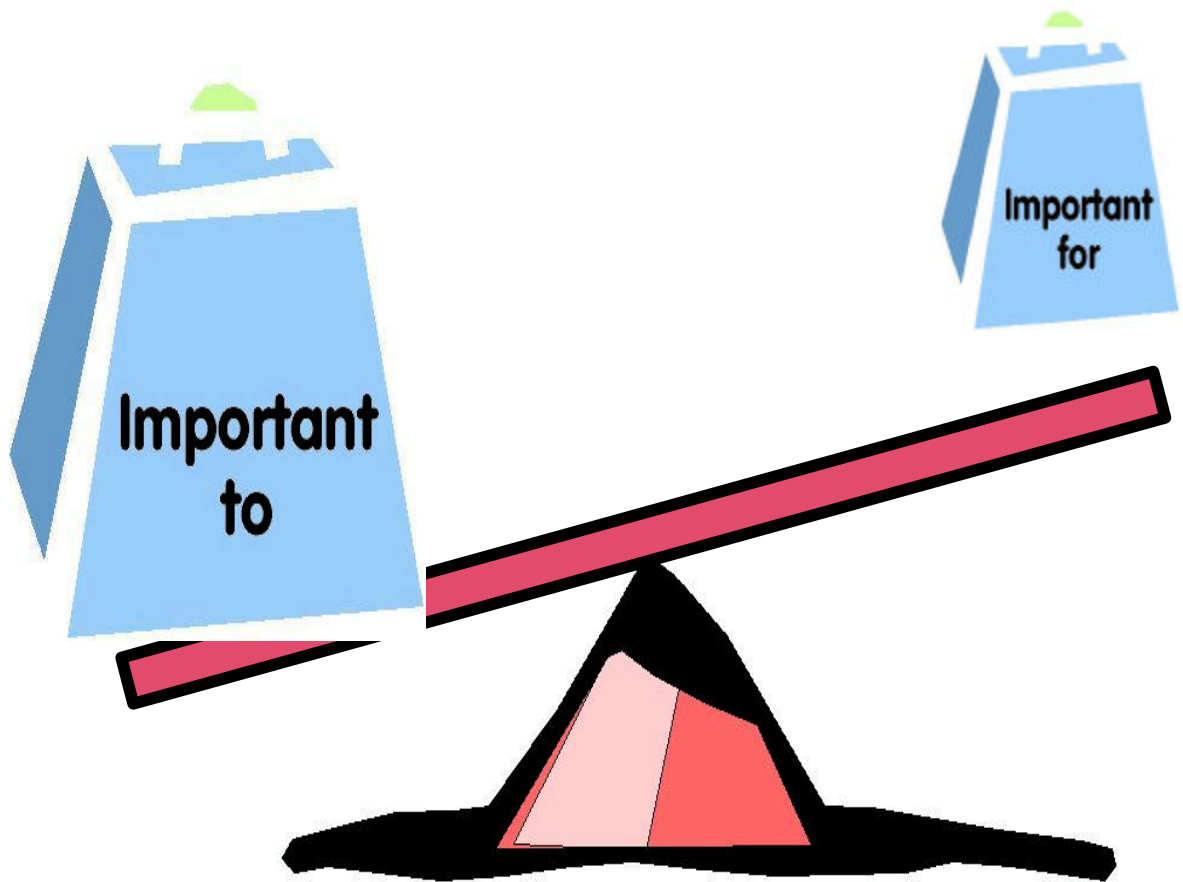
RESOURCES



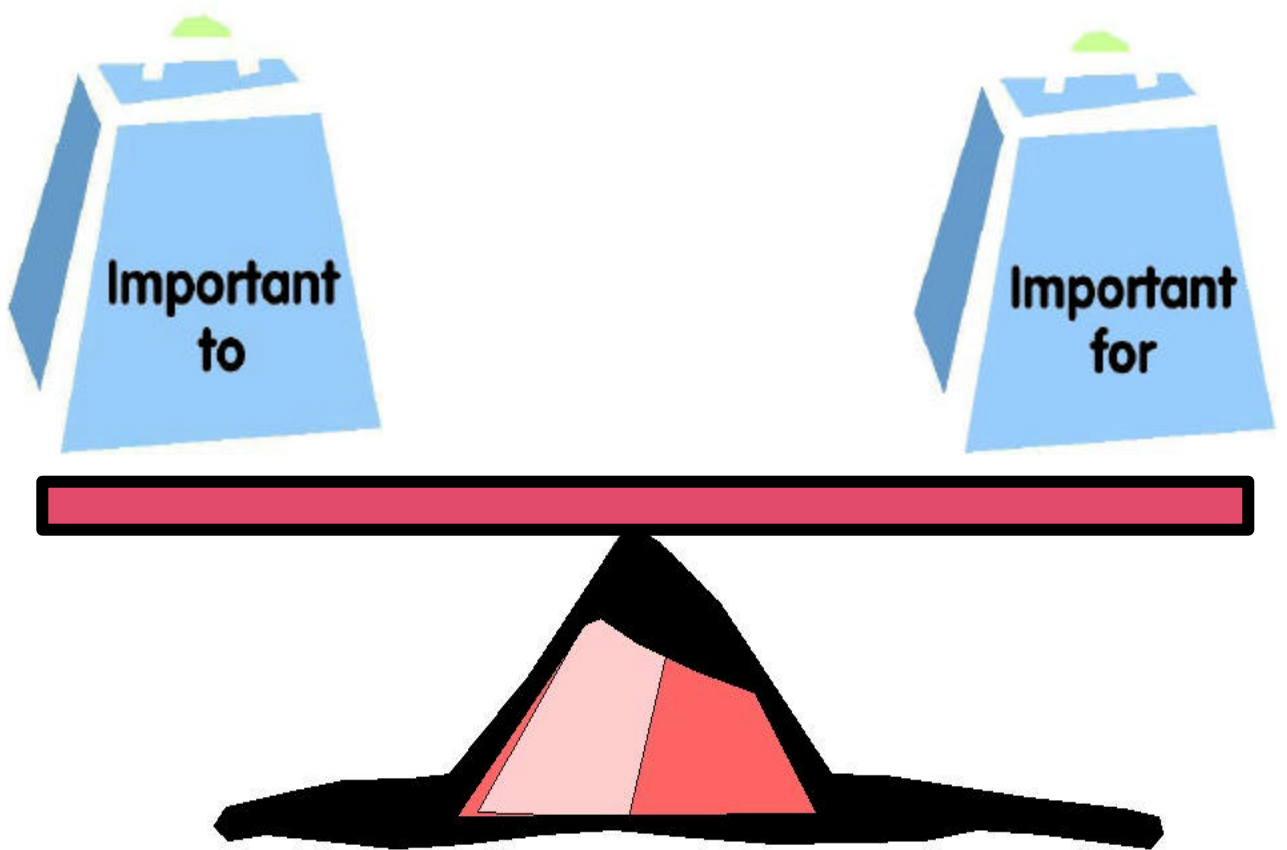
- Health and Safety Dictates Lifestyle
-



All Choice, No Responsibility



Balance



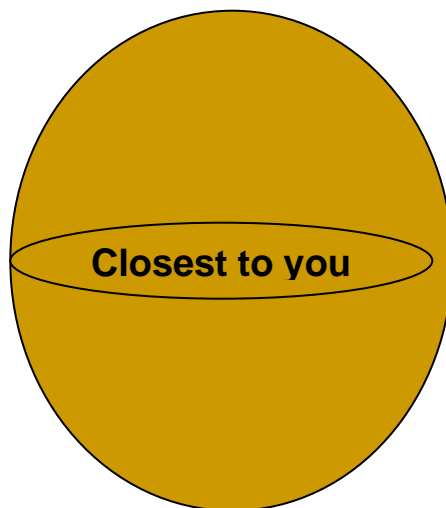
A tool for building supports around a person...



- Start with relationships
- Develop a picture of a life for the individual
- Discover the answer to key questions
- Outline the support requirements
- Supports “Ready Reckoners”
- Brainstorm various support options
- Do a rough cost estimate for each option
- Evaluate each option against how it fits with...
- Option grid
- Prioritize your options

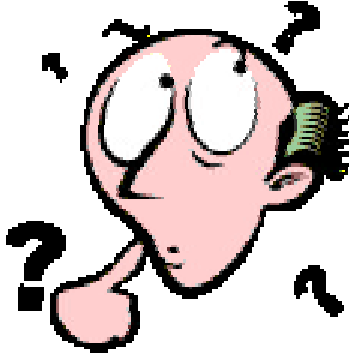
Start with Relationships

- Which relationships are important to the individual?
- Which relationships need to be supported, enhanced?



Develop a picture of a life for the individual...

Relationships



Things to do or have

Rhythm or pace of life

Characteristics of the places that they might be

Characteristics of people who support them

Discover the answer to key questions...

- Who the person would and would not want to live with (think about characteristics and actual people).
- Where they might want to live and any housing requirements (e.g. the need for accessibility).

How they might want to spend their day.

Outline the support requirements...

- Can be on their own
- Need “access to” support
- Need “oversight” support
- Need “help with” support
- Need doing for” support





- Supports “Ready Reckoners”

Monday-Friday

| | AM | | | | | | | PM | | | | | | | | | | | | AM | | | | |
|----------------------------|----|---|---|---|----|----|----|----|---|---|---|---|---|---|---|---|----|----|----|----|---|---|---|---|
| | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 |
| CAN DO ON OWN | | | | | | | | | | | | | | | | | | | | | | | | |
| NEEDS “ACCESS TO” SUPPORTS | | | | | | | | | | | | | | | | | | | | | | | | |
| NEEDS “OVERSIGHT” SUPPORTS | | | | | | | | | | | | | | | | | | | | | | | | |
| NEEDS “HELP WITH” SUPPORTS | | | | | | | | | | | | | | | | | | | | | | | | |
| NEEDS “DOING FOR” SUPPORTS | | | | | | | | | | | | | | | | | | | | | | | | |



Brainstorm various support options...

- Different ways of having a home
- Different ways of sharing a home
- Different ways of spending their day

** Develop at least 3 options*

** Cost should not be a factor*



Do a rough cost estimate for each option...

- Use the hourly grid
- Develop cost of other support needs
- How much of the support is shared
- Housing costs
- Etc.



Evaluate each option against how it fits with:

- The picture of the life for the person
- How she/he might want to live and do
- The option's "do-ability", the practicality of making it happen for the person
- Its acceptance by significant others
- Its likely cost

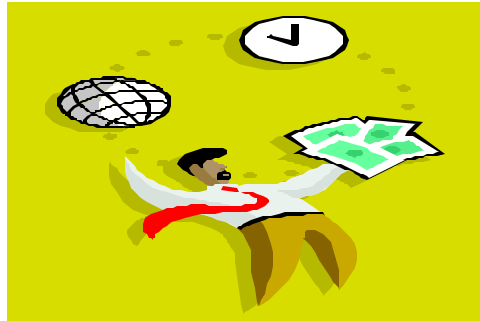


Options Grid



| | Option 1 | Option 2 | Option 3 |
|--|----------|----------|----------|
| The picture of the life for the person | | | |
| How she/he might want to live and do | | | |
| The option's "do-ability" | | | |
| Acceptance by significant others | | | |
| Cost | | | |
| Total | | | |

Prioritize your options...



- If nothing stands out or if the best in several categories also scores the worst in areas such as “acceptance by others” or “cost” – look for ways to make it more acceptable.
- If none of the options show a good “fit” across the key areas, brainstorm some more.

Chapter 1

PEAK HOURS STATUS REVIEW FORM*

Purpose: This Form must be used when the staffing hours during peak hours (7am-11pm) is higher than overnight staffing. The purpose of this form is to match the level of staffing with the individual's support needs.

AGENCY _____

PERSON SUBMITTING REPORT _____ DATE _____

ADDRESS/CITY OF HOME _____

SITE CODE _____ COST CENTER _____

NUMBER OF PERSONS IN HOME _____

CURRENT FUNDED STAFFING PATTERN

PEAK HOURS

SLEEP HOURS

SLEEP OR AWAKE STAFF AT NIGHT _____

LIST THE SPECIFIC HOURS THAT A LESSER NUMBER OF STAFF WILL BE PRESENT IN THE HOME UNDER THE ALTERNATIVE PEAK STAFFING PLAN:

| | AM | PM |
|-----------|----|----|
| MONDAY | | |
| TUESDAY | | |
| WEDNESDAY | | |
| THURSDAY | | |
| FRIDAY | | |
| SATURDAY | | |
| SUNDAY | | |

HAVE THE CIRCLES OF SUPPORT FOR PERSONS LIVING IN THIS HOME AGREED TO THIS ALTERNATIVE DEFINITION OF PEAK HOURS?

YES _____ NO _____

DATES OF CIRCLE OF SUPPORT MEETINGS:

ALTERNATIVE DEFINITION OF PEAK HOURS IS ACCEPTED BY THE REGIONAL OFFICE:

YES _____ NO _____

SIGNATURE _____

* The Peak Hour review form is anticipated to be required for Residential Providers according to the Tennessee DMRS Provider Manual. It needs to be submitted to the DMRS Regional Office once the Independent Support Coordinator concurs.

Chapter 1
Safety Plan For Waiver Enrollees Who Do Not Have 24 Hour Caregiver Services (non 24 Hour)
Characteristics of a Good Safety Plan
Revised 01/03

Purpose: These Characteristics include items that must be considered when planning the individual's support needs

Upon reading a safety plan, the reader should be able to identify the following within the plan:

The plan identifies who participated in the development of the plan.

- ◆ At minimum, participants should include the person supported, people who know the person best to include: Direct Support Professional, Family Members, Conservator and Independent Support Coordinator. The plan must be reviewed by the Regional Office Licensed Nurse and Behavior Analyst or Psychologist for plans where a caregiver is not present daily. Sign off sheet and date of Circle of Support approval must be included with packet to region.
- ◆ Identify who assisted in writing the plan and plan author and contact information.

The purpose of the plan is clearly identified.

- ◆ Safety plans, in general, should be developed to minimize the risks involved in helping people achieve a balance in their lives between those things that are important to them (e.g. enjoying independence, exercising control, etc.), yet being attentive to issues of health and safety. The purpose of the safety plan should be stated within the plan and should be specific to the individual. Although reducing supports may often reduce the costs of service provision, safety plans should never be developed for that purpose.
- ◆ The purpose of the plan should include how the person supported will benefit from reduced supervision.
- ◆ What types of community activities will be done without supervision?
- ◆ Will person be home alone? Y or N
- ◆ Is this intended just when certain activities are planned or situations occur?

The plan clearly demonstrates that those developing the safety plan have exercised reasonable professional judgment.

- ◆ People involved in the person's life must have an opportunity to discuss any concerns (family, community, liability issues, agency, health issues, etc.)
- ◆ A substantial review of the person's history has been conducted (e.g. Is there any history of dangerous behavior? If so; the plan MUST clearly address this).
- ◆ Creative brainstorming/Risk Analysis has occurred. How will the Circle of Support help the person enjoy more independence while minimizing the risks involved in doing so?
- ◆ Person has way to access assistance if needed. This may include, but not be limited to, the use of a variety of less typical support strategies. (E.g. identifying specific natural supports, use of pay phone, 2-way radios, personal emergency response system "lifeline", programmable phones, etc.)
- ◆ Safeguards must be clearly identified.
- ◆ Available current assessments regarding the person's needs and abilities is reviewed and considered.

The plan includes a specific framework for supports to help the person supported be healthy and safe within the context of what is important to them (type, amount, duration, times, etc.)

- ◆ The people developing the plan have identified specific supports based on the creative brainstorming/risk analysis that has taken place. Supports must be clearly identified. Staff's core responsibilities must be clearly identified as well as when staff has flexibility (the ability to use judgment and creativity).
- ◆ Any areas of an individual's life that are not the responsibility of paid staff should also be identified.
- ◆ When applicable, the plan should clearly identify any natural supports.

**Safety Plan For Waiver Enrollees Who Do Not Have 24 Hour Caregiver Services (non 24 Hour)
Continued:**

- ◆ There should be evidence that those participating in the development of the plan have considered the past experiences of the person supported. (E.g. has the person ever had experience in being without support and supervision? If not, the ISP needs to clearly demonstrate efforts to help the person develop necessary skills/safe-guards to be without supervision BEFORE a safety plan can be considered for approval.) i.e., people have observed the person complete the task independently i.e., crossing street, using phone, using a stove.

The plan includes an agreed upon review schedule by the Circle of Support to ensure it is working and to address any concerns or need for revisions.

- ◆ ISC ensures the safety plan is done but Circle of Support identifies person(s) best able to author the safety plan. Those individuals have reviewed this guide. ISC sends safety plan to Regional Office designee with documentation the person and their legal representative have agreed and date of meeting.
- ◆ Safety plans must be updated as needed but no less frequently than annually per TennCare rules. Regional Office reviewer will have authority to re-approve. The DMRS Regional Office must approve all updated plans and annual reviews.
- ◆ ISC monitors the safety plan as a component of the plan of care.

The plan is in compliance with Bureau of Tenn Care General Rules addressing safety plans (General rules chapter 1200-13-1, pages 9-12).

Monday-Friday

| | AM | | | | | | | PM | | | | | | | | | | | | AM | | | | |
|----------------------------|----|---|---|---|----|----|----|----|---|---|---|---|---|---|---|---|----|----|----|----|---|---|---|---|
| | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 |
| CAN DO ON OWN | | | | | | | | | | | | | | | | | | | | | | | | |
| NEEDS "ACCESS TO" SUPPORTS | | | | | | | | | | | | | | | | | | | | | | | | |
| NEEDS "OVERSIGHT" SUPPORTS | | | | | | | | | | | | | | | | | | | | | | | | |
| NEEDS "HELP WITH" SUPPORTS | | | | | | | | | | | | | | | | | | | | | | | | |
| NEEDS "DOING FOR" SUPPORTS | | | | | | | | | | | | | | | | | | | | | | | | |

Saturday-Sunday

| | AM | | | | | | | PM | | | | | | | | | | | | AM | | | | |
|----------------------------|----|---|---|---|----|----|----|----|---|---|---|---|---|---|---|---|----|----|----|----|---|---|---|---|
| | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 |
| CAN DO ON OWN | | | | | | | | | | | | | | | | | | | | | | | | |
| NEEDS "ACCESS TO" SUPPORTS | | | | | | | | | | | | | | | | | | | | | | | | |
| NEEDS "OVERSIGHT" SUPPORTS | | | | | | | | | | | | | | | | | | | | | | | | |
| NEEDS "HELP WITH" SUPPORTS | | | | | | | | | | | | | | | | | | | | | | | | |
| NEEDS "DOING FOR" SUPPORTS | | | | | | | | | | | | | | | | | | | | | | | | |

SUPPORT CODES: X- Time supervised, U- Time unsupervised

Safety Plan for Waiver Enrollees Who Do Not Have 24 Hour Caregiver Services (non-24 Hour) is anticipated to be required for Residential Providers according to the Tennessee DMRS.

Chapter 1
***Safety Plan Regional Office Approval Checklist**

Purpose: These are the elements that the DMRS Regional Office Designee uses to approve an individual's proposed safety plan from the Provider Agency. This form maybe also is used to assist in developing an individual's safety plan.

Plan Submitted by: _____
Name of Person Supported: _____
Current Staff Pattern: _____

Date: _____

| REVIEWER | YES | NO | COMMENTS/RECOMMENDATIONS |
|---|-----|----|--|
| Designated Regional Office Person This is the first level of review that ensures the plan includes all required components. | | | Any review that results in the "no" column being checked requires a comment/recommendation. The reviewer should sign and date upon completion of review. |
| 1. The plan identifies who participated, the date of meeting, agreement to safety plan and list of those present. | | | |
| 2. The purpose of the plan is clearly identified? i.e., maximum number of hours person to be without supervision; sample activities person will do alone if this will be daily or intermittent. Hours of the day it will take place. | | | |
| 3. The plan demonstrates that those developing the safety plan have exercised reasonable professional judgment and have reviewed the person's skills and history. Current available assessments including habilitative, medical, social and functional were reviewed as part of the decision. | | | |
| 4. The plan includes an agreed upon review schedule to ensure it is working and to address any concerns or need for revisions. Note: Regional Office may approve for up to 12 months. | | | |
| 5. Person has skills to access help in case of emergency and examples of how person can access assistance if needed. Plan lists devices, technology and supports to ensure health and safety. | | | |
| 6. The schedule of the caregivers need to be included: frequency and duration, site of service and hours per day person will have caregiver present. Include current staffing pattern and model. | | | |
| Plan includes all services enrollee receives. | | | |
| 8. Behavior Analyst: This level of review looks closely at all identified behavioral issues/concerns. (Only needed if person will not have caregiver present on a daily basis in home.) | | | Reviewer name and date. |
| 9. Nurse: This level of review looks closely at all identified health issues/concerns. (Only needed if person will not have caregiver present in home on a daily basis.) | | | Reviewer name and date. |

Safety Plan Regional Office Approval Checklist is anticipated to be required for Residential Providers according to the Tennessee DMRS.

Safety Plan Regional Office Approval Checklist (continued)

| | | | |
|---|--|--|-------------------------|
| 10. Regional Director: This level of review ensures all necessary reviews have occurred and all recommended revisions/recommendations have been completed. Upon completion of review, the plan should be returned to the Designated Regional Office Reviewer so that all parties can be notified. Plan is approved for up to one year and must be re-submitted per TennCare Rules with any updates. | | | Reviewer name and date. |
|---|--|--|-------------------------|

Note: In the event any Reviewer marks the “no” box, or marks the “yes” box with recommended revisions/additions, the plan should be returned to the Designated Regional Office Reviewer who will return the Safety Plan and Safety Plan Approval Checklist to the developer of the plan for necessary revisions. It is recommended that no level of review take more than 10 working days upon receipt. Note: Revisions to the plan and/or reviews of how the plan is working/not working MUST be submitted to the Regional Office for review/comment.

Note: For any safety plans involving a person being without a caregiver for 4 or more hours per day, 7 days per week, the Regional Office must get authorization from the Central Office prior to granting approval.

Note * If BA or RN is needed for review per TennCare rules if the person supported has no access to one or both, the Regional Office RN and or BA will review.

***Safety Plan Regional Office Approval Checklist** is anticipated to be required for Residential Providers according to the Tennessee DMRS.

Chapter 1

Questionnaire to Assist in Developing Non 24 Hour Supports

Purpose: This survey maybe used to assist in developing non- 24-hour residential supports and safety plan. The completion of this survey is not a requirement.

Skills Survey for:

Name _____

Address _____

Date of birth _____ Date of Assessment- _____

Tell me about yourself, what is a typical day like? (Be specific, include times as well as how both weekdays and weekends are spent).

1. **Life Goals:** What skills are you interested in learning? What can be done to help you achieve them?

Comments:

2. **Relationships:** Who is the friend/relative you call when you need help/have an emergency? How do you get along with other people?

Comments:

3. Skill Assessment:

- **Home Living:**

Where would you like to live?

Would you prefer to live alone or with someone?

If preference is with someone, do you have someone in mind and what is your relationship?

If you were living in your own apartment, what do you think you would need assistance with?

Comments

- **Time concepts:**

What time do you: wake up? Go to bed?

Go to work/school/day program? Return Home?

Do you use a watch? What time is it now?

Do you use an alarm clock?

Do you wake up on your own?

Do you ever stay home alone, if so, for how long and what do you do?

Questionnaire to Assist In Developing Non 24-Hour Supports (continued)

Skill Assessment (continued)

- **Phone usage:**

Can you use a telephone?

Who do you call?

Do you know how to leave a phone message on a voice mail (answering machine)?

Ability in this area?

What would you do if someone called to tell you that you could win a prize just by giving him or her your social security number?

- **Medical Knowledge/ Health Issues:**

Do you take medications regularly?

If yes, please tell me the following information where do you keep your medication?

| Time Taken | Type | Amount | Reason | Side Effect |
|------------|------|--------|--------|-------------|
| | | | | |
| | | | | |

* Asterisk any information not provided by person being assessed.

Do you take your medications without help? If not, who helps you?

What do you do when your medication runs out?

Demonstrate how to reorder medication?

What types of medical concerns should you tell someone about?

What would you do if?

You got a small scratch?

You had a headache?

You had chest pains that didn't go away?

You got a cut that wouldn't stop bleeding?

Do you have a doctor/gynecologist? (Name them)

How often do you go to the doctor?

Do you make your own doctors appointments? If not, who does?

How do you get to your doctor appointments?

Questionnaire to Assist In Developing Non 24-Hour Supports (continued)

Skill Assessment: (continued)

- **Medical Knowledge/ Health Issues (continued):**

Do you have any allergies?

If you have a boyfriend/girlfriend, what are some health issues you have to think about?

How often do you:

| | |
|------------------|-------------------|
| Shower/Bath | Brush Teeth |
| Change Clothes | Shampoo your hair |
| Cut toe nails | Shave |
| Cut finger nails | |

- **Community Mobility:**

If you work, have a day program, how do you get there?

Do you ever go out alone? If so, how far?

When you are out at night what should you do?

Explain how to cross a street both with and without traffic lights.

Do you carry a picture ID with you? Why or why not?

What would you do if you got lost?

Have you ever used public transportation, what type?

Do you know how to find a bus stop?

Do you ride a bike, if yes describe bike safety?

If you drive a car, do you have insurance?

- **Safety:**

What do you do when someone you don't know comes to the door?

Do you have a working smoke detector?

How often do you change the batteries?

What do you do when it goes off?

Describe how to evacuate during a fire:

Describe how to evacuate when a door is blocked

What do you do if the toaster starts smoking?

What do you do if a pan you are cooking in catches on fire?

What do you do if someone wants to visit while you are cooking?

What phone number do you call in an emergency?

Name some types of emergencies?

Questionnaire to Assist In Developing Non 24-Hour Supports (continued)

Skill Assessment: (continued)

- **Reading/Math/Money Skills:**

Put check mark next to each sign properly identified

Write your name, address and phone number

How do you tell someone where you live?

Do you have an ID card?

Identify coins/money

How do your bills get paid?

How much do you expect to pay for rent each month?

What do you do with the mail you receive?

- **Cooking/M meal Prep:**

What should you always use when cooking /dealing with hot items?

When cooking in a Microwave how do you know your food is done?

Microwave safety and ability?

How do you use the stove?

Stove/Oven safety and ability?

Can you operate the following?

Can opener

Coffee Pot

Dishwasher

Toaster/Toaster Oven

What do you normally eat for breakfast? Lunch? Dinner?

What does a balanced meal mean?

What kind of groceries do you buy?

- **Laundry:**

Describe how to do laundry:

- **Housekeeping:**

Why do you think it is important to keep your house clean?

How often do you change your sheets?

How often do you vacuum?

How often do you clean the refrigerator?

Questionnaire to Assist In Developing Non 24-Hour Supports (continued)

SURVEY SUMMARY

| SKILL | PROJECTED TOTAL MONTHLY HOURS OF SUPPORT NEEDED- | DESCRIPTION OF HOW THE PERSON IS SUPPORTED |
|---------------------|---|---|
| Home Living | | |
| Time Concepts | | |
| Phone Usage | | |
| Medical Knowledge | | |
| Health issues | | |
| Community Mobility | | |
| Safety | | |
| Reading/Math Skills | | |
| Cooking/M meal Prep | | |
| Housekeeping | | |
| Laundry | | |

COMMENTS:

Information Provided by:

Chapter 2

Live in Model of Supports

Shift Staff Model Advantages and Challenges



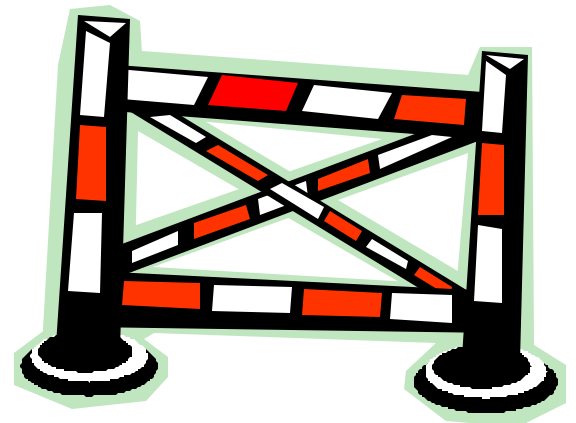
Shift Model Advantages

- Easier to recruit staff
- Sometimes makes sense
 - Medical
 - Behavioral
 - Sleep issues

Shift Staff Model

Barriers/Challenges

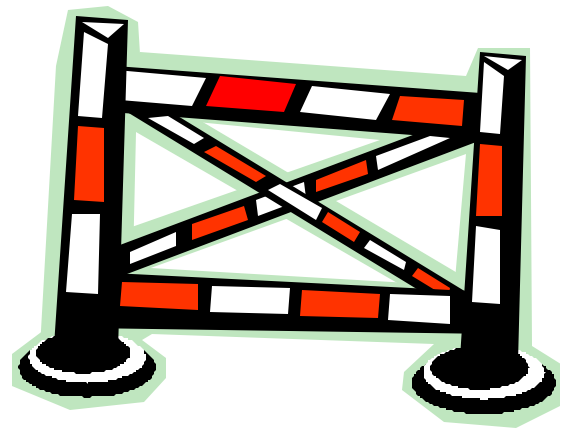
- Expensive
- Intrusive
- High Turnover
- Sometimes more is not better



Shift Staff Model

Barriers/Challenges continued

- Inconsistent provision of supports
- Difficult and expensive to provide adequate supervision
- Lack of staff accountability
- Difficult to support true sense of home



Live In Companion Model Advantages

Live In Companion Model Advantages

- Cost effective
- Low turn-over
- Promotes real sense of home/control
- Promotes development of trusting, respectful, relationships
- Management has fewer people to train, mentor, etc. (Thus, less expensive.)
- Increased accountability and consistency of supports

Live In Companion Model Challenges

- Difficult to recruit staff
- Very difficult on individual when Live In Companions change
- Providing coverage when Live in Companion needs time away
- Ensuring compliance with DOL



Chapter 2

Best Practices to Screen and Match Paid Companions with Individuals

Live-In Companion Model of Residential Support

In the first section of this resource manual we talked a lot about laying the foundation, person-centered planning and relationship building. To increase the likelihood of reaping the benefits of the companion model it is critical that “a picture of a life” for the person supported first be developed before successful matching of a potential companion can occur. This should include identifying the person's desired pace of life, things to do and have, specific characteristics of people who support them, etc.

Reviewing a person's Individual Support Plan (ISP) can often be a good place to start, but good matching of a potential companion and a person supported requires considerable thoughtfulness and planning. It really is a common sense approach and it is recommended we reflect on our own personal experiences when making choices about who we have chosen to live with. Remember, often times the most successful model of companion supports is one in which we design a true sense of shared life and shared home based on similar lifestyles.

Experience has taught us exploring answers to a number of questions on the front end can be helpful. Suggested questions include the following:

Questionnaire to Assist in Matching Paid Companions with Individuals

1. Do you like children? If so, what age groups do you enjoy spending time with?
2. Do you like animals? If so, what kinds of pets do you like?
3. Are you a smoker? If no, are you opposed to living with a smoker who agrees to only smoke outside? (Generally, it is usually best to match nonsmokers with other nonsmokers.)
4. Would you be interested in living with a couple or would you prefer to have a single person be your companion?
5. What areas of town would you like to live in? Do you prefer an apartment or a house?
6. How do you like to spend your free time? What do you do for fun?
7. Who do you like to spend time with? When?
8. Would you describe yourself as a homebody or more as someone who likes to be on the go?
9. Are you an early to bed, early to rise kind of person? Or, do you prefer to stay up late and sleep in?
10. Do you have a church of choice? If so, when and where do you attend?

The questions above serve as a place to start to ensure successful matching of a companion and a person supported. It is recommended that ample communication, which is open and honest, occur with both the potential companion and the person supported to ensure all involved really know what they are agreeing to do!

Chapter 2

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Experience has taught us exploring answers to a number of questions on the front end can be helpful. Suggested questions include the following:

Questionnaire to Assist in Matching Paid Companions with Individuals

11. Do you like children? If so, what age groups do you enjoy spending time with?
12. Do you like animals? If so, what kinds of pets do you like?
13. Are you a smoker? If no, are you opposed to living with a smoker who agrees to only smoke outside? (Generally, it is usually best to match nonsmokers with other nonsmokers.)
14. Would you be interested in living with a couple or would you prefer to have a single person be your companion?
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Experience has taught us exploring answers to a number of questions on the front end can be helpful. Suggested questions include the following:

Questionnaire to Assist in Matching Paid Companions with Individuals

21. Do you like children? If so, what age groups do you enjoy spending time with?
22. Do you like animals? If so, what kinds of pets do you like?
23. Are you a smoker? If no, are you opposed to living with a smoker who agrees to only smoke outside? (Generally, it is usually best to match nonsmokers with other nonsmokers.)
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The questions above serve as a place to start to ensure successful matching of a companion and a person supported. It is recommended that ample communication, which is open and honest, occur with both the potential companion and the person supported to ensure all involved really know what they are agreeing to do!

Often times it is advisable that a potential companion and a person supported spend considerable time together before either are asked to make this very significant commitment to share a life and home with each other.

Chapter 2

Companionship Services Summary by ANCOR

Live-In Companions/Couples: Summary of Legal/Labor Issues to Consider

In the age of “self-determination,” alternative types of residential supports have arisen which are found to be more beneficial from a programmatic perspective. Fortunately, some of these permit the application of more flexible wage/hour requirements. In each, control of the living arrangement is key. When supports are provided in the home of a person with a disability, a special provision of the Federal Labor Standards Act (FLSA) may apply.

When the individual who receives supports (or that person’s family or guardian) owns or leases the home in which the direct supports are provided --- and there is comparable state labor law language --- an FLSA exemption from minimum wage and overtime requirements is provided under a provision of “domestic service employment” called “companionship services.” These direct providers of supports are not self-employed; however, they are considered to be employees of either the person with a disability, of a third-party agency that places them in the home, or both in a joint employment relationship.

It is important for private agencies to assure that the people receiving companionship services are truly in control of the home. In addition to a lease, control can best be demonstrated by what would occur if the agreement with the agency that is employing the support staff were terminated. If the individual receiving supports remains in the home or apartment, it is clear that their tie to the private agency does not affect the housing arrangement, establishing control by the person with the disability or the family/guardian.

Funding for the supports is usually provided through a social service program like Medicaid. Decisions about the amount of time a companion spends with the individual are therefore governed more by the funding source than either the provider or the individual who receives the supports.

Companionship services are defined as those which “provide fellowship, care and protection.”

Control of the home by the individual who receives supports and/or that person’s family or guardian is at the core of this minimum wage and overtime exemption. It cannot be used in homes owned or leased by the agency that provides the companions, and the person who is receiving support or that individual’s family or guardian must be able to control who has access to the home and should play a role in determining what types of services are provided.

Individualizing Residential Supports/Companionship Services Summary. "Copyrighted by the American Network of Community Options and Resources, Alexandria, Virginia. Used with permission of ANCOR. For a copy of the complete ANCOR Wage and Hour Handbook contact ANCOR at 703-535-7850 or the handbook may be purchased on-line at www.ancor.org."

Sample Agreement with Live-In Companion

Companionship services are defined as those, which provide fellowship, care, and protection. In regards to this agreement, companion services involve three parties.

These three parties are:

- the person receiving supports (and if applicable family member),
- the identified companion
- the Provider /Company

According to Fair Labor Standards (FLSA) regulation applied to live-in companions, such companions are exempt from overtime requirements. The necessary flexibility in hours worked by live-in companions makes determining set hours worked difficult. Also in companion services, the person receiving services, or family of the person receiving services, selects the companion. The person receiving services can terminate companion services if he or she no longer desires such supports. The companion will have defined responsibilities and requirements, which must be agreed upon prior to accepting the role of companion.

Live-In Companion Responsibilities.

- Treat the person receiving supports with respect.
- Assist person supported in making his or her own choices.
- Assure the safety and well being of the person receiving supports.
- Provide domestic services, which assure nutritious meals and a healthy environment.
- Assist person-receiving supports with appointments as needed.
- If the person receiving supports is sick, provide care as needed.
- Be honest.
- Companions will not make rental payments but will be responsible for ensuring the monthly mortgage or rent is paid.
- Share other household expenses according to the number of people living in the home. (Supplies, groceries, utilities, telephone, maintenance, etc.).
- Provide or arrange for qualified, constant supervision
- Provide at least one month written notice prior to stopping companion services. Provide, and if necessary compensate, only respite care approved by the company.
- Adhere to any lease contract with property owners.
- Maintain safe operable vehicle with adequate insurance.
- Provide opportunities for the person to be involved in preferred activities.

Companion Requirements

- Successfully completes required training.
- Meets all agency and DMRS requirements for hiring.
- Have tuberculin screening prior beginning companion services.

Requirements for person receiving supports or family member of person receiving supports:

- Keep agency representative aware of the need for services or supports.
- Be involved in choosing the live-in companion.
- Be involved in terminating live-in companion services, if needed.
- Be the primary source in determining where you live.
- Participate in the operation of your home.
- If the live-in companion is terminated, an agency representative must be notified immediately.
- If the live-in companion is terminated, allow for a meeting with live-in companion and its agency representative to discuss termination of the live-in companion.

Requirements of the Agency:

- Provide payment according to the agreement.
- If not previously paid for by the agency, pay the live-in companion for completion of initial training, or a prorated amount for portions not already completed, upon evidence of successful completion of identified training.
- Maintain regular contact with the person receiving supports, his or her family, and the live-in companion.
- Ensure that the person receiving supports is safe.
- Encourage the person to be involved in running the household.
- Act as a liaison between agreeing parties.

Other responsibilities, requirements or concerns, which any agreeing party would like to add to the agreement:

This is an ongoing agreement and can be terminated by the person being supported, family member of the person being supported, the companion or the company with just cause. The person being supported, family member, (if needed), of the person being supported, companion or company can mutually agree to revise this contract at any time during a meeting of the parties.

Chapter 2

Considerations for Contracting or Employing Live-In Companions

Live-in companions can be employed or contracted by an agency.

If the agency employs the live-in companion:

- Include salary
- Include portion of room and board expenses (rent, food, and utilities) towards the salary.
- Include time off and respite staff.
- Include benefits.

If contracted by an agency:

- Include rules to hire staff to fill in.
- Include training requirements.
- Include 1099 tax information will be sent each year to contractor.
- Include amount of contract for staff to fill in.
- Include following of agency and DMRS requirements.

Chapter 2
Excerpt from 29 Code of Federal Regulations
Chapter V (7-1-91 Edition)

§ 552.6 Companionship services for aged or infirm.

As used in section 13(a)(15) of the Act, the term "companionship services" shall mean those services which provide fellowship, care, and protection for a person who, because of advanced age or physical or mental infirmity, cannot care for his or her own needs. Such services may include household work related to the care of the aged or infirm person such as meal preparation, bed making, washing of clothes, and other similar services. They may also include the performance of general household work: Provided, however, That such work is incidental, i.e., does not exceed 20 percent of the total weekly hours worked. The term "companionship services" does not include services relating to the care and protection of the aged or infirm which require and are performed by trained personnel, such as a registered or practical nurse. While such trained personnel do not qualify as companions, this fact does not remove them from the category of covered domestic service employees when employed in or about a private household.

§ 552.101 Domestic service employment.

(a) The definition of domestic service employment contained in § 552.3 is derived from the regulations issued under the Social Security Act (20 CFR 404.1027(j)) and from "the generally accepted meaning" of the term. Accordingly, the term includes persons who are frequently referred to as "private household workers." See S. Rep. 93-690, p. 20. The domestic service must be performed in or about the private home of the employer whether that home is a fixed place of abode or a temporary dwelling as in the case of an individual or family traveling on vacation. A "separate and distinct dwelling maintained by an individual or a family in an apartment house, condominium or hotel may constitute a private home.

(b) Employees employed in dwelling places which are primarily rooming or boarding houses are not considered domestic service employees. The places where they work are not private homes but commercial or business establishment. Likewise, Employees employed in connection with a business or professional service which is conducted in a home (such as a real estate, doctor's, dentist's or lawyer's office) are not domestic service employees.

§ 552.106 Companionship services for the aged or infirm.

The term "companionship services for the aged or infirm" is defined in § 552.6. Persons who provide care and protection for babies and young children, who are not physically or mentally infirm are considered babysitters, not companions. The companion must perform the services with respect to the aged or infirm persons and not generally to other persons. The "casual" limitation does not apply to companion services,

Excerpt from 29 Code of Federal Regulations Chapter V (7-1-91 Edition)

§ 552.109 Third party employment.

(a) Employees who are engaged in providing companionship services, as defined in § 552.6. and who are employed by an employer or agency other than the family or household using their services are exempt from the Act's minimum wage and overtime pay requirements by virtue of section 13(a)(15). Assigning such an employee to more than one household or family in the same work week would not defeat the exemption for that work week provided that the services rendered during each assignment come within the definition of companionship services,

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Chapter 3

Host Family Supports

Host Family Supports Waiver Definition

This presentation is useful in learning things to consider before developing host family supports.



- ▶ **This residential support option is provided in the home of professionally trained caregivers. The caregivers are recruited, screened, trained, and supervised by agencies contracted with the Administration Lead Agency. Caregivers receive required training prior to providing these supports. As specified in the Plan of Care, this type of residential support offers training and supports that enable the person to live successfully in a family environment. No more than two (2) individuals can receive support in a home.**

This residential support option is available to children and adults who require access to 24-hour supports in order to avoid institutional placement. If supervision is provided for fewer than 24 hours per day, the individual's Plan of Care will specify the type and amount of supervision the individual requires.

This service may be provided out of state with prior approval for planned purposes including medical treatment and significant family events

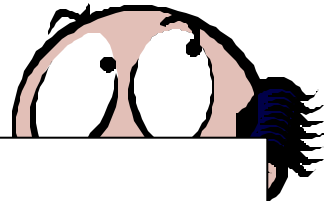
Previously known as family based. Legally known as adult foster.

Chapter 3

HOST FAMILY SUPPORT ADVANTAGES AND CHALLENGES

ADVANTAGES

- Low turnover
- Sense of family and home
- Longevity of paid families
- Relationships with families, neighbors, relatives and friends
- Cost effective
- Ready-made home
- Recruitment from different labor market makes available more choices of family providers
- Contractual relationships make it easier if termination is needed



CHALLENGES

- When and if relationship ends, the individual has to move.
- Family may impose their values on the person.
- Published rates are low
- Family Providers may not see the paperwork as a priority.
- Agency needs strong manager to oversee the supports and paperwork requirements.

Chapter 3

Best Practices To Consider When Selecting Host Family Providers

Purpose: Interview questions to discover if a family host is appropriate for providing supports.

- Why do you want to be a host?
- What do you think the responsibilities of a host might be?
- Do you think you have time to provide the care needed for the person being supported?
- When you eat out, what restaurants do you use?
- How often do you eat out?
- What kind of movies do you like?
- What other activities do you do away from home?
- What kind of music do you like?
- Do you have a religious preference? If so, what religion? Are you supporting a person with a different religious preference?
- What kind of insurance do you have on your car?
- What kind of driver's license do you have?
- What kind of car is available to transport the individual?
- Can you tell me about your home?
- Will the person being supported have his or her own bedroom?
- In what rooms of the house do you have smoke detectors?
- Can you tell me how to use a fire extinguisher?
- Can you tell me about your kids? (if applicable)
- Can you tell me about any experience you have had working with people, including people diagnosed with mental retardation/developmental disabilities?
- How do you get along with those living in your home?
- How will your family be involved?
- How is your health and the health of others in your home?
- Do you smoke?
- Can you cook?
- What kind of food do you like to cook?

Observation: Does the person being supported seem to like the Host and their family?

Chapter 3

Elements of a Host Family Home Study*

The agency licensed to provide host family supports will interview and document the following prior to placement of individual. The information will be useful in the individual and agency in better determining if placement is desired.

Background Information on Applicant and Spouse

- A. **Basic Information**
 - Social Security Numbers
 - Birth Place
 - Education
 - Employment and Employment History

Family Composition (Information on every presently residing in household)

- Ages of individuals
- Who in family unit works or goes to schools?
- Routine of family
- Relationship of individuals in the home.

Family Financial Picture

- Financial stability – income and expenses
- Home mortgage/rental
- Access to Transportation – own vehicle or not

Hobbies and Interests of the Family

- List of each individual's residing in the home and their hobbies and interests.
- Family willingness to support/arrange for individual to participate in spiritual activities of his/her choice.

General Questions

- A. Why is the family interested in becoming a host family to person(s) with mental retardation/developmental disabilities in their home?
- B. Perceptions of:
 - 1. Role of DMRS as the funder
 - 2. Perceptions of the role of host family provider?
 - 3. Perceptions and expectations of role of agency that will contract with host family to provide services.
- C. Natural Supports of Host Family
 - Neighbors
 - Friends
 - Extended Family
- D. Perception of rights/roles of legal representative of person supported.

References

- Work/Professional
- Character
- Criminal Record

* **Elements of a Host Family Home Study** is anticipated to be required for Residential Providers according to the Tennessee DMRS.

Chapter 3
*** Host Family Initial Site Survey**

Applicant: _____

Address: _____

Telephone: _____ Person Conducting Survey: _____

Date of Survey Visit: _____ Directions to Home: _____

PERSONS LIVING IN THE HOME

| ISSUE | COMMENTS |
|--|----------|
| 1. Number of adults presently living in home. Number of children presently living in house. Physical capacity of home for clients. | |

EXTERIOR CONDITION AND SAFETY

| ISSUE | COMMENTS |
|---|----------|
| 2. Are areas outside the house safe and free from hazards? | |
| 3. Is the exterior of the home in good condition (paint, roof free from leaks, etc.)? | |
| 4. Are screens for windows and doors provided as needed? | |
| 5. Overall appearance of exterior of house. | |

INTERIOR CONDITION AND SAFETY

| ISSUE | COMMENTS |
|---|----------|
| 6. Does the home appear to be maintained in a safe manner and free from hazards? | |
| 7. Is the interior of the home maintained in good condition, including walls, ceiling, floors (safe and slip resistant), and plumbing? | |
| 8. Does the electrical wiring appear to be safe? | |
| 9. Are smoke detectors installed and operable? | |
| 10. Are fire extinguishers installed and operable? | |
| 11. Is the kitchen maintained in a clean condition and is an adequate storage area available for food which is secure from chemicals or vermin? | |

| | |
|--|--|
| 12. Are flammable liquids kept in safe containers and stored safely? | |
| 13. Is there an adequate heating source, which would not constitute a burn hazard? | |
| 14. Does the provider have household liability insurance? | |
| 15. Does the provider have an adequate first aid kit? | |
| 16. Are appropriate bathroom facilities provided? | |
| 17. Does the provider have appropriate furniture? | |
| 18. Does the provider have a telephone? | |

SLEEPING ACCOMMODATIONS

| ISSUE | COMMENTS |
|---|-----------------|
| 19. Are adequate sleeping accommodations available? (Individuals supported shall not sleep in any room other than one typically used as a bedroom. Bedrooms must not be shared by persons of vastly different ages, persons of opposite sexes if over the age of seven, or more than four persons.) | |
| 20. What is the square footage in bedrooms? (Bedrooms must provide the following space: 80 square feet for single bedrooms, 60 square feet for each person in multiple bedrooms.) | |
| 21. Is there a window or exterior door in each sleeping area, which is easy to open? | |
| 22. Are exits readily accessible from sleeping areas? | |
| 23. Is a clean and comfortable mattress on a separate bed or proper size and height available for each client? | |
| 24. Is there adequate provision made for clothing storage space? | |

SANITATION

| ISSUE | COMMENTS |
|--|----------|
| 25. Are there adequate arrangements for disposal of garbage? | |
| 26. Is there an adequate water supply and adequate methods of purification and heating? | |
| 27. Is an adequate means of sewage disposal provided? | |
| 28. Are the premises sanitary and free of offensive odors, vermin, insects, and rodents? | |

TRANSPORTATION

| ISSUE | COMMENTS |
|---|----------|
| 29. Does the provider have a vehicle to provide transportation to clients? | |
| 30. Is the information contained in the Application regarding the possession of driver's licenses correct? | |
| 31. Are vehicles used for transportation of individuals supported maintained in a safe manner, including seat belts and child safety restraints (as appropriate)? | |
| 32. Is the information contained in the Application regarding the possession of vehicle liability insurance correct? | |

COMMUNITY RESOURCES

| ISSUE | COMMENTS |
|---|----------|
| 33. Access to food stores/shopping centers. | |
| 34. Access to pharmacy. | |
| 35. Access to entertainment. | |
| 36. Access to school/day supports. | |

Signature, Host Family
Provider: _____

Date: _____

Signature, Person Conducting Survey: _____

Date: _____

* Host Family Initial Site Survey is anticipated to be required for Residential Providers according to the Tennessee DMRS.

Chapter 3 HOST FAMILY MONITORING GUIDE

To be used by agencies that contract with host families to monitor at least annually the person's environment and supports.

| | |
|--|---|
| PROVIDER _____ # OF PERSONS _____ | FUNDING SOURCE _____ |
| ADDRESS _____ _____ _____ | [] DMRS _____ [] Medicaid Waiver _____ |
| PHONE NUMBER _____ AGENCY _____ | ADMINISTRATIVE _____ |
| MONITOR _____ | |
| DATE OF MONITORING VISIT _____ | |

SCORING: 1 = Full Compliance 2 = Partial Compliance 3 = Non-compliance 4 = Not Applicable

CONTRACT COMPLIANCE

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|---|---|-------|----------|
| 1. The number of persons served in a host family provider home does not exceed DMR regulations, which is two individuals as of 1/1/04. Those supporting three individuals prior may continue as long as the same three individuals live there. | Person served refers to any person receiving support services in the home who is not related to the family through either birth or legal avenues. It is not necessary for the host family provider to receive supportive funding for a person to be counted as a person served. | | |
| 2. The host family provider has participated in all training required by DMRS as stated in the Operations Manual. | The host family provider attends all required training. A copy of the training agenda is maintained with names of those host family providers in attendance. | | |

| | | | |
|--|---|--|--|
| 3. A person will not be left unsupervised unless written in his/her plan for specified brief periods of time. | Talk with host family provider and person served. If the person is unsupervised but this circumstance is not stated in the person's plan, this must be added to the plan. | | |
| 4. The host family provider obtains necessary assessments for persons including annual physical and dental evaluations. | The monitor should review the current annual physical and dental evaluations. | | |
| 5. The host family provider shall assist the person in obtaining any financial benefits for which he/she may be eligible. | Surveyor asks provider/looks at current bank statement to determine benefits received. Determine if further benefits are warranted. | | |
| 6. The provider assists the person to be involved in the management of his/her personal funds. | Surveyor should interview person and staff to determine agency practice in this area. | | |
| 7. No more than seventy percent (70%) of the prevailing maximum Supplemental Security Income payments are used for room and board costs. | | | |

| | | | |
|---|---|--|--|
| 8. Each person residing in the host family provider home must have a test for tuberculosis prior to a placement in the home. Further tests must be conducted as recommended by the local health department, i.e., utilizing general recommendation for the particular population. | <p>At the time of enrollment, a test for tuberculosis must be <i>conducted</i> on each host family provider and on each person living in the family-based residential living home, including the persons.</p> <p>If a person moves from one home to another, documentation of testing should be made available by sending provider.</p> | | |
|---|---|--|--|

PHILOSOPHY AND GOALS

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|---|--|-------|----------|
| 9. Host family providers shall provide persons with the opportunity to participate in routine family, daily living, and recreational activities. | <p>The home, the services provided, and the manner in which services are implemented shall be as normal as possible in view of the person capabilities of the persons.</p> <p>Ask provider and person what activities they enjoy and participate in. Try to get a feel for normalized environment.</p> | | |
| 10. All services offered to the person shall reflect the enhancement of their ability to function in the community, as indicated in the person's ISP. | <p>The host family provider shall provide learning opportunities. These may include personal care, money management skills, social activities, community integration, etc. Observe. Ask the provider about their efforts toward implementation of the ISP.</p> <p>Review the person's plan and data sheets to see what documentation is present to support the implementation of the ISP. Are activities and care directed toward involving the person in increasing his/her independence?</p> | | |

RIGHTS

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|---|---|--------------|-----------------|
| 11. Persons shall not be required to perform services for the provider. | <p>Persons may be assigned responsibilities in home commensurate with their interests and abilities in order to be a participating member of the household. Examples of acceptable activities would be the maintenance of the person's own bedroom or cleaning up the supper table as a daily chore.</p> <p>Persons should be able to choose their own routine as much as possible, attend activities of their choice, including church or other religious activities, and maintain relationships of their choosing.</p> <p>Observe and ask providers what chores or responsibilities persons have in the home. Are these in line with their abilities and what would realistically be expected of a family member?</p> | | |
| 12. Each person shall be afforded privacy according to his or her needs and wishes and in a normalized fashion. | <p>Ask the provider what efforts they make to make privacy available to persons served.</p> <p>Ask the person (if appropriate) if they ever want to be alone and what they do when they want to be alone (to read, talk on telephone, etc.).</p> | | |
| 13. Persons shall be permitted to retain and use personal clothing and possessions. | <p>Examples of personal possessions are books, picture, games, radios, arts and crafts materials, religious articles, etc. See the person's bedroom and ask him/her and the provider what personal possessions the person has. Do they need/want anything in particular they do not have, such as radio, room decorations, etc.? Compare the list of personal items valued at \$150 or more maintained by the provider with things that are available for the person.</p> <p>Are personal items insured against fire, theft, etc.?</p> | | |

RIGHTS, continued

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|--|--|--------------|-----------------|
| 14. The provider must have a telephone and persons must have access to it, as appropriate. | Ask the person and the provider if the person ever uses the telephone for incoming/outgoing calls, as appropriate. Some persons may need to have prior approval from provider on calls if telephone usage is a problem. | | |
| 15. The religious freedom of the person will be respected. | <p>The wishes and needs of persons served regarding religious freedom will be fulfilled as far as possible. If they do or if they don't want to attend church or if they want to attend a particular church, arrangements will be made to honor their wishes if possible.</p> <p>The person and his/her family's wishes regarding church attendance/non-attendance will be considered.</p> | | |
| 16. Parents and close relatives shall be allowed to visit persons in host family provider homes at any reasonable hour as long as it does not conflict with the person's rights and privacy. | <p>Visits from parents/close relatives are not denied but prior arrangements are made with host family provider. Ask persons served and the provider. Review documented family contacts kept by the provider.</p> <p>Ask the person and the provider if the person is able to invite friends to the host family provider home, talk with friends and meet privately with friends as long as others' rights are not infringed. Prior arrangements must be made with the provider.</p> | | |
| 17. Persons shall be allowed free use of all living areas within the home, with due regard to privacy and personal possessions. | Ask the persons and the provider if any areas in the host family provider home are off-limits. If areas are off-limits, is this a realistic expectation for the person, considering the privacy, personal possessions of other family members? | | |

BEHAVIOR SUPPORTS

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|--|---|-------|----------|
| <p>18. Host family provider care providers shall prohibit the use of corporal punishment, verbal abuse, seclusion, take downs, and prone restraints.</p> <p>Use of corporal punishment, verbal abuse, seclusion, and physical restraints prohibited.</p> | <p>Licensure definition of corporal punishment – The application of painful stimuli to the body in an attempt to terminate behavior or as a penalty for behavior.</p> <p>DMR examples of corporal punishment – slapping, spanking, or hitting with an object.</p> <p>Licensure definition of verbal abuse – insulting or coarse language directed toward a person which subjects the person to humiliation or degradation.</p> <p>DMR examples of verbal abuse – ridicule or humiliation, swearing at the person, name calling, taunting, threatening to remove from home, threatening to take away home visits or parent/family contact</p> <p>Definition of seclusion – Placement in a locked area</p> <p>Other examples of unacceptable methods of discipline include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • denial of home visits or parent/family contact • cold showers • denial of regular meals • locking person out of the house • denial of religious freedom • washing someone's mouth out with soap | | |
| <p>19. There is a Behavior Support Plan for the person if the need for one is determined by the Circle of Support, per DMRS policies.</p> | | | |

BEHAVIOR SUPPORTS

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|---|---|-------|----------|
| 20. Neither chemical or mechanical restraint nor denial of a nutritionally adequate diet shall be used. | <p>Definition of chemical restraint – giving prescription or non-prescription medications in unauthorized amounts (without specific doctor's orders) or giving medications in quantities which results in a decrease or the elimination of the person's capability of self-preservation.</p> <p>Licensure definition of mechanical restraint – A mechanical device which restricts the movement of an person or the movement or normal function of a portion of an person's body for the purpose of behavior control.</p> <p>Examples of mechanical restraint:</p> <ul style="list-style-type: none">• Posey restraints (a restraint which restricts the any movement of the person's body)• Tying person in bed or chair (unless medically recommended) | | |

POSTIVE BEHAVIOR SUPPORTS

| | | | |
|--|--|--|--|
| 21. Drugs used to modify behavior are not used on a PRN basis. | | | |
| 22. For persons receiving psychotropic medication, there is a signed and current consent for each medication received, in accordance with DMRS Psychotropic Medication Guidelines. | | | |

PERSON EDUCATION PLAN/PERSON PROGRAM PLAN

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|--|--|--------------|-----------------|
| 23. The host family provider shall assure the persons' attendance at their school or day programs. | This should occur unless contraindicated, in which case there must be written documentation as to why. In particular, the surveyor should explore any transportation issues which exist that prevent a person from participating in school or day programs. | | |
| 24. The host family provider or designated host family member shall participate in the development and implementation of each person's plan for services (IEP, IPP, IFSP, Work Plan, <i>BSP</i> , if indicated). | <p>The provider's participation in the team meeting should be documented with a signature on each person's plan for services.</p> <p>If the person is not receiving day services, the monitor should note this in the comment section for this standard in the Host Family Provider Monitoring Guide.</p> | | |
| 25. Each person shall be included as a participant in the process to develop his/her plan for services. | <p>It will not be appropriate in all cases for the person to participate in the development of the plan for services. While the Local Education Agency does not require the student to be present for development of the IEP, the family-based residential living provider should request it in all cases in which the child has the capacity to attend.</p> <p>All adults should participate in the development of their plan for services.</p> <p>The person's participation should be documented by his/her signature and date, if they attended the meeting.</p> | | |

RECORDS

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|-----------------|-----------------------|--------------|-----------------|
| Name of person | Self-explanatory | | |
| Date of birth | Self-explanatory | | |
| Place of birth | Self-explanatory | | |

RECORDS continued

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|--|--|--------------|-----------------|
| Citizenship status | Self-explanatory | | |
| Marital status | Self-explanatory | | |
| Social Security number | Self-explanatory | | |
| Medicaid number/ TennCare plan MCO and policy number | Self-explanatory | | |
| 30. Medicare number | Self-explanatory | | |
| 31. Insurance information, including any burial insurance the person may possess | If the person has no burial insurance or burial plan, the provider is not out of compliance with the standard. If there is an insurance policy or plan for burial, the record should reflect the name of the company, the policy number, and/or other identifying information. If there is no burial plan, this should be something for the provider and host family provider coordinator to work toward obtaining, taking into consideration the amount of money available to the person and the cost of such insurance for the person. | | |
| 32. Date of admission/ placement | Date of admission to the current host family provider home | | |
| 33. Name, address and telephone number of parents, next of kin, and/or legal guardians | Self-explanatory | | |
| 34. Legal competency status | Self-explanatory | | |
| 35. Current physical evaluation | Annual physical exams required for both state and Medicaid Waiver funded Host Family Provider. | | |

| | | | |
|--|--|--|--|
| <p>36. A written account of the receipt and disbursement of monies received by or in behalf of each person for his/her personal use when supervision is needed to manage his/her personal funds.</p> | <p>All expenses must be documented, if possible, with invoices, cash register tapes, receipts, canceled checks, timely bank reconciliation's, etc. for persons who require supervision to manage their personal funds.</p> <p>Expense documentation is not required provided the person's plan of service documents that he/she is capable of managing the amount of personal funds advanced without agency supervision.</p> <p>All person income for which the provider is responsible (such as SSI, Social Security, Veteran's Benefits, Railroad Retirement, Black Lung, alimony and child support, person's earnings, DHS clothing allowance, family contributions, or gifts of money over \$25) should be recorded.</p> | | |
| <p>37. Documentation of significant changes in the person's condition, serious accidents, behavior incidents, and significant family contacts</p> | <p>One of two methods may be used to comply with this standard:</p> <ul style="list-style-type: none"> • A monthly report form or • A log of significant events. <p>Incidents must be reported according to DMR policy.</p> | | |
| <p>38. Any authorizations and consents needed</p> | <p>The provider should maintain a copy of any relevant authorizations and consents.</p> | | |
| <p>39. List of the person's personal property.</p> | <p>The property list should be dated when initially developed. It should be updated as needed (when new items are acquired or old items disposed) and dated. It should be reviewed at least annually.</p> | | |

RECORDS, continued

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|--|---|--------------|-----------------|
| 40. Documentation of all prescription and non-prescription medications taken with assistance by persons supported in the home, including the name of the medication, start date, dosage, frequency, and purpose. | Host Family providers should document the taking of medications. For persons in Host Family Provider, a medication log must be maintained, whether the person requires assistance or not. | | |
| 41. Plan for services | The host family provider should have a copy of any individualized plan detailing the services the person will receive, including but not limited to, the Individual Education Plan (IEP), the Individual Program Plan (IPP), the Individualized Family Service Plan (IFSP), or the Work Plan. | | |
| 42. Information regarding any specialized training which might be necessary in the home but which might not be included in the IEP/IPP/IFSP/ Work Plan. | Example: behavior change programs | | |

EXTERIOR CONDITION AND SAFETY

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|---|--|--------------|-----------------|
| 43. Areas outside the house are safe and free from hazards. | The monitor will use his/her discretion through observation to determine compliance with this item. Look for obvious obstacles in the yard or path to the house. | | |

EXTERIOR CONDITION AND SAFETY, continued

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|---|---|-------|----------|
| 44. The exterior of the home must be maintained in good condition. | Monitor discretion through observation should be used to determine compliance. Observe for peeling paint, broken windows, doors which function appropriately, etc. Is the exterior of the house in good repair? | | |
| 45. Screens for windows and doors are provided as needed. | Windows used for ventilation must have screens. | | |
| 46. The home must be maintained in a safe manner and must be free from hazards. | <p>Monitor discretion through observation should be used to determine compliance. Examples of unsafe conditions include, but are not limited to: blocked passageways, piled up clothes (fire hazard), stored newspapers, and packed closets.</p> <p>Things to be considered include, but are not limited to:</p> <ul style="list-style-type: none"> • Bathroom door locks should be designed to permit the opening of the locked door from the outside in an emergency. • No door in any means of escape shall be locked against egress when the building is occupied by persons. All locking devices which impede or prohibit egress or which cannot be easily disengaged are prohibited. • Portable cooking devices are used only in the kitchen. • Areas where smoking is permitted should be identified. Smoking is not allowed in the bedrooms of persons served. • Dangerous animals | | |

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|--|--|-------|----------|
| 47. The interior of the home must be maintained in good condition, including walls, ceiling, floors (safe and slip resistant), and plumbing. | Observe for obvious problems, such as peeling paint, evidence of leaks, unsafe floors, etc. | | |
| 48. Electrical wiring is safe. | Monitor discretion through observation. Look for obvious signs of unsafe wiring. If wiring is exposed, look for signs of wear and tear. Outlet covers must be provided in all cases. Safety plugs must be provided as indicated by age or functioning capacity of persons served. Extension cords are to be used only on a limited basis. | | |
| 49. Smoke detectors are installed and operable. | <p>UL rated smoke detectors should be located in the following areas:</p> <ul style="list-style-type: none"> • every occupied sleeping area and hallways adjacent to sleeping areas, • outside the kitchen, • in the living area, and • at the top of any stairwells. <p>The host family provider should test each smoke detector monthly and change batteries as needed but at least annually.</p> <p>The monitor should test each smoke detector to ensure it works.</p> | | |
| 50. Fire extinguishers are installed and operable. | At least one type ABC multipurpose fire extinguisher should be provided in a fixed location which is readily accessible. In homes with more than one floor, one fire extinguisher should be available on each floor. The gauge/indicator on the fire extinguisher should show that it is actively charged. The host family provider should be able to demonstrate how to use the fire extinguisher. | | |

INTERIOR CONDITION AND SAFETY, continued

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|--|--|-------|----------|
| 51. Exits are readily accessible from sleeping areas. | <p>The bedroom must have at least two means of escape. The primary means of escape must be a door or stairway providing a means of unobstructed travel to the outside of the dwelling at street or ground level. No bedroom or living area shall be accessible by only a ladder or folding stairs or through a trap door.</p> <p>The second means of escape may be one of the following:</p> <ul style="list-style-type: none"> • A door, stairway, passage, or hall providing a way which is independent of and remote from the primary means of escape, of unobstructed travel to the outside of the house at street or ground level. • A passage through adjacent non-lockable space independent of and remote from the primary means of escape. • An outside window or door operable from the inside without the use of tools and providing a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area. The bottom of the opening shall not be more than 44 inches off the floor. <p>Persons who require mobility aids are not allowed to sleep above or below the ground floor.</p> | | |
| 52. The host family provider maintains an adequate first aid kit. | Inspect the First Aid kit to see if it contains adequate supplies. The First Aid kit should be portable. | | |
| 53. Fire drills must be held <i>and</i> documented at least quarterly. | <p>Review documentation of fire drills.</p> <p>The host family provider should have a plan of evacuation from different areas within the home. (This may not be a written plan; if not, fire drill reports should reflect that evacuation from various areas within the home was conducted).</p> | | |

INTERIOR CONDITION AND SAFETY, continued

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|--|---|-------|----------|
| 54. Flammable liquids are kept in safe containers and stored safely. | <p>Flammable liquids are gasoline, kerosene, motor oil, etc.</p> <p>Safe containers are those purchased for the purpose of containing flammable liquids and are made of metal or heavy duty plastic. Discarded plastic milk jugs or glass containers are not considered safe containers.</p> <p>Safe storage areas must be provided away from direct person areas. Examples of appropriate storage areas are the basement, garage, and outdoor buildings. Examples of inappropriate areas include, but are not limited to, utility rooms, laundry areas, living areas and under the kitchen sink.</p> | | |
| 55. Heat sources do not constitute a burn hazard. | <p>Space heaters and kerosene heaters are not used as a primary heat source.</p> <p>Most gas heat units must be vented. However, some gas heat units are self-sufficient which means that these units don't need combustion air. The inspector needs to review the manufacture's cut sheet for the particular unit. This information explains if ventilation is needed.</p> <p>When wood heaters are used, precautions are taken and supervision provided to ensure the safety of persons served.</p> | | |
| 56. The host family provider makes provision for homeowner/renter insurance. | <p>If no homeowner/renter insurance is provided, the provider is not out of compliance with the standard. If there is an insurance policy, the record should reflect the name of the company, the policy number, and/or other identifying information. If there is no insurance policy, this should be something for the provider and family-based residential living coordinator to work toward obtaining, taking into consideration the amount of money available to the person and any possible cost of such insurance for the person.</p> | | |

INTERIOR CONDITION AND SAFETY, continued

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|--|--|--------------|-----------------|
| 57. Bedrooms should provide adequate space for persons served. | The following guidelines apply to determining how much space is considered adequate: 80 square feet for single bedrooms or 60 square feet for each person in bedrooms in which more than one person sleeps. If the surveyor suspects a bedroom is too small, ask the family-based residential living provider for proof of measurements. | | |
| 58. A window must be provided in each sleeping area. | Observation. The window must comply with interpretations provided for standard # 51. | | |
| 59. A clean and comfortable mattress on a separate bed of proper size and height for each person's convenience must be provided. | The bed and mattress should be new enough, large enough, and clean enough based upon the monitor's visual inspection. Old, shabby, and inadequately sized beds would fall outside this standard. | | |
| 60. Clothing storage space must be provided. | To meet minimum standards, each person should have both closets space and space in a chest of drawers. Simply providing boxes or allowing clothes to be piled up on the floor would not meet the standard for adequate storage space. | | |

SLEEPING ACCOMMODATIONS

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|---|---|--------------|-----------------|
| 61. Appropriate bathroom facilities must be provided. | The following guidelines apply to determining whether bathroom facilities are adequate: one toilet and sink for each six persons in the home and one tub or shower for each eight persons in the home). | | |
| 62. Persons shall not sleep in any room other than one typically used as a bedroom. | Each person should have a bed in a bedroom and not be allowed to sleep on something like a rollaway in the living room. | | |

SLEEPING ACCOMMODATIONS continued:

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|--|--|--------------|-----------------|
| 63. Bedrooms must not be shared by persons of vastly different ages, persons of opposite sexes if over the age of seven. | | | |
| 64. Adequate arrangements for disposal of garbage are made. | There should be either garbage pick up at the home or arrangements to take the garbage out to a disposal site on a regular basis. | | |
| 65. An adequate water supply and methods of heating are provided. | Water from springs or wells should be checked routinely in accordance with health department guidelines. Bottled water is an acceptable source of drinking water. Self-explanatory; The monitor should list specifics in the comments section. | | |
| 66. Adequate sewage disposal is provided. | The provider should either be on a city sewage disposal system or have a septic tank system. This should be specified in the comment section. | | |

TRANSPORTATION

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|--|---|--------------|-----------------|
| 67. The premises are sanitary and free of offensive odors, vermin, insects, and rodents. | This will require some judgment by the monitor based upon a visual inspection of the home and taking into account any apparent odors. | | |
| 68. The host family provider shall have a vehicle to provide transportation for persons. | In cities, mass public transportation is an acceptable substitute for ownership of a vehicle, if it is in reasonable proximity to the home. | | |

TRANSPORTATION continued:

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|--|--|--------------|-----------------|
| 69. Vehicles used for the transportation of persons shall be maintained in a safe manner, including seat belts and child safety restraints (as appropriate). | If privately owned vehicles are used for transportation, the provider has a policy in place, which ensures that these vehicles are properly maintained in a safe operating condition. | | |
| 70. Each driver shall possess a valid driver's license. | This applies to those providers who are not waived from this requirement due to living in cities with mass public transportation. The host family provider shall present a valid driver's license for each identified driver. | | |
| 71. The host family provider family must make provision for vehicle liability insurance. | The host family provider should be asked to show evidence of this insurance. | | |

FOOD AND NUTRITION

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|--|--|--------------|-----------------|
| 72. All persons shall be served normal well-balanced meals at regular intervals. | How well providers handle meals will be a judgment call for the monitor based upon what the provider says and the appearance of the person. Both the family-based residential living provider and persons receiving services should be interviewed regarding the meals provided. | | |
| 73. Special diets shall be observed as appropriate and in accordance with the ISP and health care professional's recommendation. | The provider should have some type of documentation that the diet has been recommended by a professional. The monitor will need to determine if special diets are being followed based upon how the provider and the persons receiving services responds to questions. | | |

CLOTHING

| STANDARD | INTERPRETATION | SCORE | COMMENTS |
|--|--|-------|----------|
| 75. Each person shall have adequate clothing, appropriate for age, size, and seasons. | This will have to be a judgment call based upon what the monitor sees. Look at the supply of clothing in storage. The monitor can evaluate whether clothes fit and whether there is proper clothing to protect the person from harsh weather. | | |
| 76. The host family provider shall assure that each person maintains a reasonably well groomed and clean appearance that is age and activity appropriate and within reason of currently accepted styles of grooming, dressing, and appearance. | This will be based on the monitor's judgment since styles vary from person to person. The monitor should be able to determine if the person appears to be clean and adequately groomed and clothed. Interview the family-based residential living staff. | | |

*Host Family Monitoring Guide is anticipated to be required for Residential Providers according to the Tennessee DMRS Provider Manual.

Chapter 3

Summary of Federal Reporting Requirements Related to Foster Care Payments

The following is an opinion of a law firm relative to Agencies delivering Host Family service.

Do agencies need to issue Internal Revenue Service (“IRS”) Form 1099 to recipients of foster care payments?

The opinion with respect to such tax consequences represents our best judgment as to the likely outcome of the issues discussed if all relevant facts were fully and fairly presented to and considered by a court of law. The opinion is not binding on the IRS or a court.

Factual Background, Representations and Assumptions

You have asked us to assume that your member agencies are “qualified foster care placement agencies”, as defined in Section 131(b)(3), discussed below. You have also asked us to assume that these agencies make “qualified foster care payments” and “difficulty of care payments” to foster care providers for care of “qualified foster individuals”, as those terms are defined in Section 131, discussed below.

Opinion

Based on the foregoing facts, representations and assumptions, and subject to the terms, conditions, and limitations set forth in this letter, it is our opinion that your member agencies should not be required to issue Form 1099 with respect to qualified foster care payments made in tax years beginning after December 31, 2001.

Analysis

Section 131(a) provides an exclusion from gross income for amounts received by a foster care provider as qualified foster care payments. Effective for tax years beginning after December 31, 2001, a “qualified foster care payment” is any payment made pursuant to a foster care program of a State or political subdivision thereof that is paid by (a) a State or political subdivision thereof, or (b) a qualified foster care placement agency; and that is (i) paid to the foster care provider for caring for a qualified foster individual in the foster care provider’s name, or (ii) a difficulty of care payment. Section 131(b)(1).

A “qualified foster care placement agency” is any placement agency that is licensed or certified by a State or political subdivision thereof (or an entity designated by a State or a political subdivision thereof) to make foster care payments to foster care providers within the foster care program of such State or political subdivision. Section 131(b)(3), as amended by Pub. L. No. 107-147.

Summary of Federal Reporting Requirements Related to Foster Care Payments (continued):

A “qualified foster individual” is any individual who is living in a foster family home in which such individual was placed by (I) an agency of a State or political subdivision thereof, or (II) a qualified foster care placement agency. Section 131(b)(2), as amended by Pub. L. No. 107-147.

A “difficulty of care payment” is a payment that is additional compensation for providing the additional care of a “qualified foster individual” that is (i) required by reason of a physical, mental, or emotional handicap of such individual with respect to which the State has determined that there is a need for additional compensation, and (ii) provided in the home of the foster care provider, and (iii) designated by the payor as compensation for providing additional care. Section 131 (c)(1).

For individuals age 19 and over, payments to foster care providers were excluded from gross income only if the individual was placed by an agency of the State (or political subdivision thereof). Moreover, qualified foster care payments could only be made by a State (or political subdivision thereof) or a tax-exempt placement agency.

Public Law 107-147 modified Section 131 in two respects. As summarized by the Joint Committee on Taxation (“**JCT**”). The Act expands the definition of qualified foster care payments to include payments by any placement agency that is licensed or certified by a State or local government, or an entity designated by a State or local government to make payments to providers of foster care. Second, the Act expands the definition of a qualified foster care individual by including foster care individuals placed by a qualified foster care placement agency (regardless of the individual’s age at the time of placement).

JCT, Summary of P.L. 107-147, JCS-22-02 7 (Mar. 22, 2002). The JCT stated that the purpose of the proposal was to “allow State and local governments to employ both tax-exempt and taxable entities to administer their foster care programs more efficient.

Thus, to the extent that a payment is a “qualified foster care payment” excludable from the recipient’s gross income, then the payor should not be required to issue Form 1099 with respect to that payment.

Conclusion

The foregoing opinion of the Firm represents our best legal judgment on the issues discussed that is subject to the limitations discussed herein, including changes in law or inaccuracy of any factual matter relied on herein. This opinion is directed solely to the American Network of Community Options and Resources and its member agencies and may not be relied upon by any other party.

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Chapter 4

Resources

Chapter 4

TENNESSEE RESIDENTIAL SERVICES

LICENSURE CROSSWALK

1. Host Family Supports
 - Agency office needs “placement service” license. No need to license each site.
2. Supported Living
 - Agency office needs license for supported living. No need to license each site.
3. Residential Habilitation
 - Each site needs license prior to a person residing at the site.

All of the above licenses are available through the Tennessee Department of Mental Health and Developmental Disabilities Regional Licensure Office.

East Tennessee: (865) 594-6551
Middle Tennessee: (615) 532-6590
West Tennessee: (901) 543-7442

Chapter 4 **Legal References**

State Agencies

Department of Finance and Administration

- | | | |
|-------------|--|---------------------|
| DMRS | 1) Operations Manual/Guidelines | }Distributed |
| | 2) Provider Agreement - www.state.tn.us/mrs | }Distributed |
| | 3) Training Calendars - www.state.tn.us/mental/mrs.mhmrtraining | |

- | | |
|-------|--------------------|
| DMHDD | 1) Licensure Rules |
|-------|--------------------|

Department of Health

DOH licensure for agencies providing professional support services nursing, occupational therapy, physical therapy, speech, pathology language, dietician www.state.tn.us/doh,
Phone number:

Bureau of TennCare

- | | | |
|----|--|--------------|
| 1) | Rules effective 9/01 | }Distributed |
| | www.state.tn.us/tenncare | |

Federal Agencies

- 1) U.S. Dept. of Labor – Wage and Hour Rules governing overtime, etc. – www.dol.gov
- 2) U.S. (OSHA) Occupational, Safety and Hazard Administration - www.osha.gov regarding universal precautions, training and exposure control plan requirements
Sample exposure control plan distributed.
- 3) Social Security Administration (if representative payee) - www.ssa.gov
Rules governing agencies acting as representatives of payee for a person's social security benefits
- 4) Health Information Portability and Protection Act (HIPPA) – regarding privacy of health information and records, www.cms.hhs.gov/hippa
- 5) Title VI of the 1964 Civil Rights Act concerning non-discrimination based on race, color, and national origin of those receiving and applying to receive services. Call 1-800-560-5767 or www.hhs.gov/ocr for more information or posters for your office.

*DMRS encourages all agencies to have knowledge of these federal requirements and other state agency requirements, in addition to DMRS requirements. These websites are to assist you in this process.

Chapter 4
LEASE REVIEW CHECKLIST

| Requirement | Met | Not Met | Comments |
|--|------------|----------------|-----------------|
| Does not place unusual restrictions on tenant or does not place restrictions on tenant that are different from those placed on other tenants. | | | |
| Provides for a 30-day notice from the tenant to the landlord prior to termination of tenancy. | | | |
| Provides for a 60-day notice from landlord to tenant prior to termination of tenancy and provides for a copy of notice to DMRS. | | | |
| Provides that tenancy may not be terminated as a result of a change in service provider. | | | |
| Provides that the owner may evict the tenant only by court order. | | | |
| Provides that the owner may not charge the individual for any extra amounts for items or services customarily included in the rental payment. | | | |
| Provides that the owner or provider may help the tenant obtain renter's insurance and person take liability or homeowners. | | | |
| Provides that any security deposit is not more than one month's rent and includes a list of items with costs for each that may be charged against the security deposit. | | | |
| Provides that, after deducting the amount as specified on this list, if any, the owner will promptly refund the full amount of the unused balance to the tenant when the tenant moves out. | | | |
| Provides that the owner will give 60 days written notice prior to any changes in the lease becoming effective and that the notice will be given to the tenant and family or conservator. | | | |

- DMRS prefers to utilize a 30-day party non-profit housing CHDO when a home needs extensive renovation.
- DMRS prefers not to have related parties to providers own properties when housing needs to be purchased.
- DMRS prefers agencies rents when possible, not purchase homes.



U.S. DEPARTMENT OF LABOR

Employment Standards Administration
Wages and Hours Division
Washington, D.C. 20210

Hours Worked in Residential Care (Group Homes) Establishments----Sleep Time and Related Issues--- Enforcement Policy.

A major concern of employers operating residential care (group home) facilities continues to be the issue of what constitutes working time (hours worked) for their employees who are subject to the minimum wage and overtime pay provisions of the Fair Labor Standards Act (FLSA). The duties of most employees of such residential care facilities require them to remain on their employer's premises overnight. Although permitted to sleep, group home employees are required to remain on the premises to be available to clients in case of emergencies or personal crises. The employees are often provided with private quarters and other amenities, which together can be characterized as constituting, a home-like environment.

The following enforcement *policy* statement is intended to assist employer's and employees by restating and clarifying the position of the Wage and Hour (WH) Division with respect to certain sleep time and other hours worked issues. This statement will provide further clarification and guidance as to the conditions under which WH", in its enforcement of the FLSA, *will* not require that sleep time of such employees be compensated. .

Background and Summary

Since 1981, WH has issued a number of letters to representatives of the residential care (group home) industry in response to their questions regarding sleep time. Employers were advised that a special position with regard to sleep time had been adopted which is a departure from the normal rules stated in Interpretative Bulletin, 29 CFR Part 785, sections 785.20 through 785.23.

This special position allows "relief" employees who are provided with private quarters in a home-like environment to be treated the same as "full-time" employees (i.e. those who either reside on the employer's premises permanently or for "extended periods of time") whom they relieve with respect to deducting sleep time. This special position was developed out of concern for the apparent inequities of requiring compensation for sleep time for relief employees but not for full-time employees being relieved who work under identical conditions at the same facility.

An essential requirement for this special position is that a group home has one or more full-time employees who either reside on the premises permanently or for extended periods of time. (29 CFR 785.23). In a 1981 letter, WH took the position that residing on the employer's premises 120 hours a week or 5 consecutive days or nights would qualify an employee as residing on the premises for extended periods of time within the meaning of IB section 785.23. Examples were given to illustrate what was meant by extended periods of time: 9:00 a.m. Monday to 5:00 p.m. Friday; or 9:00 p.m. Monday until 9:00 a.m. Saturday (ignoring short periods of off-duty time during the day). Based upon a review of recent compliance actions by WH it has become clear that further guidance is necessary for employers and employees in the industry.

Enforcement Policy

The following terms which are used in the enforcement policy statement set forth below have caused some difficulty and are being defined for further guidance:

“day”- (except in the phrase “day and night”) means a 24 hour period during which an employee works (is compensated for)at least eight hours.

“work week”-means seven consecutive 24-hours periods (29 CFR 778.105).

“on-duty”- means the period of time the employee is required to be on the employer’s premises or otherwise working for the employer.

“off-duty”-means the time period during which the employee is completely relieved from duty and is free to leave the employer’s premises or otherwise use the time for his or her benefit.

“private quarters”- means living quarters that are furnished; are separate from the “client” and any other staff members: have as a minimum the same furnishing available to clients (e.g. bed,table, chair, lamp, dresser, closet for belongings during on-and off-duty periods.

“home-like environment”--means facilities including“ private quarters” as above and also including on the same premises facilities for cooking and eating; for bathing in private; and for recreation (such as TV) The amenities and quarters must be suitable for long-term residence by individuals and must be similar to those found in a typical private residence or apartment, rather than those found in institutional facilities such as dormitories, barracks, and short-term facilities for travelers.

Under circumstances where an employee does not maintain his or her permanent residence on the premises and does not otherwise reside on the premises 7 days a week, WH will consider an employee who sleeps in private quarters in a homelike environment, to reside on the premises for an extended period of time within the meaning of IB 785.23 if the employee resides on the premises for a period of at least 120 hours in a workweek.

WH is refining and restating the minimum conditions required to meet this rule. An employee will be found to reside on the premises for extended periods of time if:

- (1) the employee *is* on duty at the group home and is compensated for at least eight hours in each of five consecutive 24-hour periods; and --
- (2) the employee sleeps on the premises for all sleep periods between the beginning and end of this 120-hour period.

Hours Worked in Residential Care (Group Homes) Establishments---Sleep Time and Related Issues--- Enforcement Policy. Continued:

Any 24-hour period can be utilized, and the eight compensated hours per 24-hour period need not be consecutive. Thus, an employee who is on duty and compensated for the period 5:00 p.m. to 10:00 p.m. Monday, 6:00 a.m. to 9:00 a.m. and 3:00 p.m. to 10:00 p.m. Tuesday through Friday, and 6:00 a.m. to 9:00 a.m. Saturday, and who sleeps on the premises (10:00 p.m. to 6:00 a.m.) for all sleep periods from Monday night through Friday night has been compensated for at least eight hours in five consecutive 24-hour periods between 5:00 p.m. Monday and 5:00 p.m. Saturday. The employee would also have slept five consecutive nights on the premises. Provided the other

conditions were met, this would be considered to be residing on the premises for an extended period of time. Similarly, an employee who is on duty and is compensated from 6:00 a.m. to 9:00 a.m. and 5:00 p.m. to 10:00 p.m., Monday through Friday, and who sleeps Monday through Thursday nights on the premises, would be considered to reside on the premises for extended periods of time. For convenience, these employees are called full-time employees.

Where one or more employees meet the "full-time" employee/residing on the premises test, WH, as an enforcement policy, will likewise apply the provisions of IB 785.23 to one or more relief employees who reside on the premises for one to three nights, provided these employees are on duty and are compensated for at least eight hours in each 24-hour period in question and sleep on the premises all intervening nights. Although as a general matter it is anticipated that there will be no more than one relief employee for each full-time employee, it is possible that there may be more than one. However, to come within the provisions of this special enforcement policy, the relief employee must be relieving a full-time employee. That is, the full-time employee and the employee(s) relieving that employee may not be on duty for more than a combined total of seven days and seven nights in each workweek. Furthermore, a part-time employee will not be considered a relief employee if that employee and the full-time employee being relieved are on duty simultaneously for more than one hour a day.

In order to deduct sleep time for full-time and relief employees, such employees must be provided private quarters in a homelike environment. Further, a reasonable agreement must be reached, in advance, regarding compensable time. The employer and the employee may agree to exclude up to eight hours per night of uninterrupted sleep time. They may also agree to exclude a period of off-duty time during the day when the employee is completely relieved of all responsibilities. These exclusions must be the result of an employee-employer agreement and not a unilateral decision of the employer. Such an agreement should normally be in writing to preclude any possible misunderstanding of the terms and conditions of an individual's employment.

Hours Worked in Residential Care (Group Homes) Establishments---Sleep Time and Related Issues--- Enforcement Policy. Continued:

Where sleep time is to be deducted, the employer should determine if the following criteria are met.

the employer and the employee have reached agreement in advance that sleep time is being deducted;

adequate sleeping facilities with private quarters were (see above) were furnished;

If interruptions occurred, employees in fact got at least five hours of sleep during the scheduled sleeping period;

Employees are in fact compensated for any interruptions in sleep; and.

no more than eight hours of sleep time is deducted for each full 24-hour on-duty period.

Sleep time may not be deducted for relief" or other part-time employees who are not relieving a full-time". Employee {as defined above), unless such employees are themselves on duty for 24 hours or more as provided in IB 785.22. It should again be noted that an off-duty period (free time) during a weekday for such employees "breaks" an on-duty period for the purposes of IB 785.22. For example, a duty period from 5:00 p.m. of one day to 5:00 p.m. the following day, during which an employee has uncompensated free time between 9:00 a.m. and 3:00 p.m. of the on-duty period, is not considered to be a 24-hour duty period

Chapter 4

Social Security Representative Payee Summary

Excerpts From Social Security Guide For Representative Payees

- A representative payee is an individual or organization that receives Social Security and/or SSI payments for someone who cannot manage or direct someone else to manage his or her money.
- As a representative payee, you need to keep informed about the individual's needs so that you can decide how benefits can best be used for his or her personal care and well being.
- Your organization **must** establish some form of a representative payee accounting system that will track how much money was received, spent and saved for each beneficiary.
- Representative payees are required by law to use benefits properly. If a payee misuses benefits, he or she must repay the misused funds to the beneficiary. A payee convicted of misuse may be fined and/ or imprisoned.
- Representative payees are NOT permitted to mix the beneficiary's funds with his/ her or other funds.
- If any money is left after meeting day-to-day and personal needs, **it must be saved**. The preferred way of holding savings are U.S. saving bonds or in an interest- paying bank account that is insured under the federal or state law. Interest paid on savings belongs to the beneficiary.
- To protect the beneficiary's funds, checking and savings accounts **must show the beneficiary as the only owner**. While the beneficiary retains ownership interest, the account title should not permit him or her to have direct access to the funds. Two recommended titles are listed below. Although there are the most common methods of identifying accounts, any account titles under state law show beneficiary ownership, and you as fiduciary, are acceptable.
 - "(Beneficiary's name) by (your name), representative payee", or
 - "(Your name), representative payee for (beneficiary's name)".
- It is best practice for organizations to flag the financial accounts of SSI beneficiaries when conserved funds reach \$1,500. This serves as an alert to assess the personal needs of the beneficiary and maintain countable resources below the \$2,000 limit by meeting these needs.

Excerpts from Section IX – Financial Accountability of the DMRS Operating Guidelines

Provider Agency Performance Requirements – Key Concepts

9.0 People's personal funds are managed appropriately.

9.1 The agency has written policies and procedures regarding the management of individual's personal funds.

The agency has written policies and procedures regarding the management of individual's personal funds.

Social Security Representative Payee Summary

Excerpts From Social Security Guide for Representative Payees continued:

- The policies support and encourage the individual to handle their own personal funds. They also describe the roles of other recognized parties' (e.g., Circle of Support, Human Rights Committee, etc.) participation in the management of the individual's finances. There should also be a policy to disallow any conflict of interest between the agency and individuals served by the agency.
- Although individuals may need a Representative Payee or assistance with managing their personal funds, they should be encouraged and assisted to learn how to manage their money. If this is an applicable goal for the individual, it should be included as an ISP outcome, and there should be appropriately listed action steps (or implementation plans) to assist home staff in pursuing this outcome with the individual.
- Agency staff should participate in the ISP planning process, and management of the individual's money should be addressed. Roles should be clearly defined and Implementation Plans should reflect ISP outcomes pertaining to money management.

Tennessee Location of Social Security Administration and Website

1. Find the nearest office by entering a ZIP code, linking to a regional headquarters, or clicking an interactive US map. www.ssa.gov/regions/regional.html
2. About Social Security's Benefits. www.ssa.gov/about.html
3. Social Security Disability Benefits www.ssa.gov/pubs10029.html

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| <i>Bedford</i> | <ul style="list-style-type: none"> • 717 KINGS LANE • TULLAHOMA , TN 37388 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (931) 455-3795 • TTY: (931) 455-7835 |
| <i>Benton</i> | <ul style="list-style-type: none"> • 1117 MINERAL WELLS AVE • PARIS , TN 38242 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (731) 642-3226 • TTY: (731) 641-0406 |
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| <i>Blount</i> | <ul style="list-style-type: none"> • 523 W LAMAR ALEX PKWY • MARYVILLE , TN 37801 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (865) 982-3714 • TTY: (865) 681-8394 |

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| <i>Bradley</i> | <ul style="list-style-type: none"> • 450 STUART ROAD, NE. • CLEVELAND , TN 37312 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (423) 339-0519 • TTY: (423) 479-5501 |
| <i>Campbell</i> | <ul style="list-style-type: none"> • 1327 E CENTRAL AVE • SUITE 2 • LAFOLLETTE , TN 37766 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (423) 566-4007 • TTY: (423) 566-6062 |
| <i>Cannon</i> | <ul style="list-style-type: none"> • 245 HERITAGE PARK DR • MURFREESBORO , TN 37129 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (615) 895-5790 • TTY: (615) 896-5784 |
| <i>Carroll</i> | <ul style="list-style-type: none"> • 1117 MINERAL WELLS AVE • PARIS , TN 38242 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (731) 642-3226 • TTY: (731) 641-0406 |
| <i>Carter</i> | <ul style="list-style-type: none"> • SUITE 400 • 208 SUNSET DRIVE • JOHNSON CITY , TN 37604 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (423) 282-1594 • TTY: (423) 282-4761 |
| <i>Cheatham</i> | <ul style="list-style-type: none"> • 4527 NOLENSVILLE PIKE • NASHVILLE , TN 37211 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (615) 781-5800 • TTY: (615) 781-5836 |

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| <i>Chester</i> | <ul style="list-style-type: none"> • 415 CHEYENNE DR • JACKSON , TN 38305 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (731) 660-3384 • TTY: (731) 664-6879 |
| <i>Claiborne</i> | <ul style="list-style-type: none"> • 2438 E ANDREW JOHNSON • MORRISTOWN , TN 37814 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (423) 581-0258 • TTY: (423) 581-7082 |
| <i>Clay</i> | <ul style="list-style-type: none"> • 665 S JEFFERSON AV • COOKEVILLE , TN 38501 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (931) 528-9765 • TTY: (931) 372-8459 |
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| <i>Davidson</i> | <ul style="list-style-type: none"> • 4527 NOLENSVILLE PIKE • NASHVILLE , TN 37211 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (615) 781-5800 • TTY: (615) 781-5836 |
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| <i>Dickson</i> | <ul style="list-style-type: none"> • 108 CENTER POINTE DR • CLARKSVILLE , TN 37040 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (931) 647-5381 • TTY: (931) 647-0991 |
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| <i>Gibson</i> | <ul style="list-style-type: none"> • 1070 VENDALL RD • DYERSBURG , TN 38024 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (731) 286-1179 • TTY: (731) 285-7457 |
| <i>Giles</i> | <ul style="list-style-type: none"> • 109 E. TAYLOR STREET • LAWRENCEBURG , TN 38464 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (931) 766-0072 • TTY: (931) 762-5578 |
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| <i>Hardeman</i> | <ul style="list-style-type: none"> • 152 SOUTH Y SQUARE • SELMER , TN 38375 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (731) 645-9063 • TTY: (731) 645-5373 |

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| <i>Hawkins</i> | <ul style="list-style-type: none"> • 2401 SOUTH WILCOX DR. • KINGSPORT , TN 37660 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (423) 247-9820 • TTY: (423) 392-4327 |
| <i>Haywood</i> | <ul style="list-style-type: none"> • 415 CHEYENNE DR • JACKSON , TN 38305 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (731) 660-3384 • TTY: (731) 664-6879 |
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| <i>Henry</i> | <ul style="list-style-type: none"> • 1117 MINERAL WELLS AVE • PARIS , TN 38242 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (731) 642-3226 • TTY: (731) 641-0406 |
| <i>Hickman</i> | <ul style="list-style-type: none"> • U.S. COURTHOUSE • 815 S GARDEN STRET • COLUMBIA , TN 38401 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (931) 381-5832 • TTY: (931) 388-5475 |

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| <i>Johnson</i> | <ul style="list-style-type: none"> • SUITE 400 • 208 SUNSET DRIVE • JOHNSON CITY , TN 37604 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (423) 282-1594 • TTY: (423) 282-4761 |
| <i>Knox</i> | <ul style="list-style-type: none"> • RM 223 FED OFF BLDG • 710 LOCUST STREET • KNOXVILLE , TN 37902 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (865) 545-4354 • TTY: (800) 325-0778 |

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| <i>Lake</i> | <ul style="list-style-type: none"> • 108 CENTER POINTE DR • CLARKSVILLE , TN 37040 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (931) 647-5381 • TTY: (931) 647-0991 |
| <i>Lauderdale</i> | <ul style="list-style-type: none"> • 1070 VENDALL RD • DYERSBURG , TN 38024 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (731) 286-1179 • TTY: (731) 285-7457 |
| <i>Lawrence</i> | <ul style="list-style-type: none"> • 109 E. TAYLOR STREET • LAWRENCEBURG , TN 38464 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (931) 766-0072 • TTY: (931) 762-5578 |
| <i>Lewis</i> | <ul style="list-style-type: none"> • U.S. COURTHOUSE • 815 S GARDEN STREET • COLUMBIA , TN 38401 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (931) 381-5832 • TTY: (931) 388-5475 |
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| <i>Loudon</i> | <ul style="list-style-type: none"> • RM 223 FED OFF BLDG • 710 LOCUST STREET • KNOXVILLE , TN 37902 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (865) 545-4354 • TTY: (800) 325-0778 |

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| <i>Macon</i> | <ul style="list-style-type: none"> • OAKLAND PARK BLDG B • 450 WEST MAIN STREET • GALLATIN , TN 37066 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (615) 451-9341 • TTY: (615) 451-9457 |
| <i>Madison</i> | <ul style="list-style-type: none"> • 415 CHEYENNE DR • JACKSON , TN 38305 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (731) 660-3384 • TTY: (731) 664-6879 |
| <i>Marion</i> | <ul style="list-style-type: none"> • 1290 PREMIER DR • CHATTANOOGA , TN 37421 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (423) 899-0649 • TTY: (423) 954-9364 |
| <i>Marshall</i> | <ul style="list-style-type: none"> • U.S. COURTHOUSE • 815 S GARDEN STREET • COLUMBIA , TN 38401 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (931) 381-5832 • TTY: (931) 388-5475 |
| <i>Maury</i> | <ul style="list-style-type: none"> • U.S. COURTHOUSE • 815 S GARDEN STREET • COLUMBIA , TN 38401 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (931) 381-5832 • TTY: (931) 388-5475 |

| COUNTY | Tennessee Location of Social Security Administration |
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| <i>McMinn</i> | <ul style="list-style-type: none"> • 921 N CONGRESS PARKWAY • ATHENS , TN 37303 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (423) 745-7488 • TTY: (423) 745-4883 |
| <i>McNairy</i> | <ul style="list-style-type: none"> • 152 SOUTH Y SQUARE • SELMER , TN 38375 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (731) 645-9063 • TTY: (731) 645-5373 |
| <i>Meigs</i> | <ul style="list-style-type: none"> • 1290 PREMIER DR • CHATTANOOGA , TN 37421 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (423) 899-0649 • TTY: (423) 954-9364 |
| <i>Monroe</i> | <ul style="list-style-type: none"> • 921 N CONGRESS PARKWAY • ATHENS , TN 37303 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (423) 745-7488 • TTY: (423) 745-4883 |
| <i>Montgomery</i> | <ul style="list-style-type: none"> • 108 CENTER POINTE DR • CLARKSVILLE , TN 37040 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (931) 647-5381 • TTY: (931) 647-0991 |
| <i>Moore</i> | <ul style="list-style-type: none"> • 717 KINGS LANE • TULLAHOME , TN 37388 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (931) 455-3795 • TTY: (931) 455-7835 |

| COUNTY | Tennessee Location of Social Security |
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| | Administration |
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| <i>Morgan</i> | <ul style="list-style-type: none"> • FIRST FLOOR • 565 OAK RIDGE TURNPIKE • OAK RIDGE , TN 37830 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (865) 482-6908 • TTY: (800) 325-0778 |
| <i>Obion</i> | <ul style="list-style-type: none"> • 1003 REELFOOT AVENUE • UNION CITY , TN 38261 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (731) 885-8163 • TTY: (731) 885-3147 |
| <i>Overton</i> | <ul style="list-style-type: none"> • 665 S JEFFERSON AV • COOKEVILLE , TN 38501 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (931) 528-9765 • TTY: (931) 372-8459 |
| <i>Perry</i> | <ul style="list-style-type: none"> • U.S. COURTHOUSE • 815 S GARDEN STREET • COLUMBIA , TN 38401 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (931) 381-5832 • TTY: (931) 388-5475 |
| <i>Pickett</i> | <ul style="list-style-type: none"> • 665 S JEFFERSON AV • COOKEVILLE , TN 38501 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (931) 528-9765 • TTY: (931) 372-8459 |
| <i>Polk</i> | <ul style="list-style-type: none"> • 450 STUART ROAD, NE. • CLEVELAND , TN 37312 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (423) 339-0519 • TTY: (423) 479-5501 |

| COUNTY | Tennessee Location of Social Security Administration |
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| <i>Putnam</i> | <ul style="list-style-type: none"> • 665 S JEFFERSON AV • COOKEVILLE , TN 38501 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (931) 528-9765 • TTY: (931) 372-8459 |
| <i>Rhea</i> | <ul style="list-style-type: none"> • 1290 PREMIER DR • CHATTANOOGA , TN 37421 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (423) 899-0649 • TTY: (423) 954-9364 |
| <i>Roane</i> | <ul style="list-style-type: none"> • FIRST FLOOR • 565 OAK RIDGE TURNPIKE • OAK RIDGE , TN 37830 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (865) 482-6908 • TTY: (800) 325-0778 |
| <i>Robertson</i> | <ul style="list-style-type: none"> • SUITE 140 BUILDING-A • 104 CUDE LANE • MADISON , TN 37115 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (615) 736-2514 • TTY: (615) 736-5049 |
| <i>Rutherford</i> | <ul style="list-style-type: none"> • 245 HERITAGE PARK DR • MURFREESBORO , TN 37129 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (615) 895-5790 • TTY: (615) 896-5784 |
| <i>Scott</i> | <ul style="list-style-type: none"> • 1327 E CENTRAL AVE • SUITE 2 • LAFOLLETTE , TN 37766 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (423) 566-4007 • TTY: (423) 566-6062 |

| COUNTY | Tennessee Location of Social Security Administration |
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| <i>Sequatchie</i> | <ul style="list-style-type: none"> • 1290 PREMIER DR • CHATTANOOGA , TN 37421 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (423) 899-0649 • TTY: (423) 954-9364 |
| <i>Sevier</i> | <ul style="list-style-type: none"> • RM 223 FED OFF BLDG • 710 LOCUST STREET • KNOXVILLE , TN 37902 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (865) 545-4354 • TTY: (800) 325-0778 |
| <i>Shelby</i> | <ul style="list-style-type: none"> • ROOM 304 3RD FLOOR • 3606 AUSTIN PEAY HWY • MEMPHIS , TN 38128 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (901) 385-0127 • TTY: (901) 373-8695 |
| <i>Smith</i> | <ul style="list-style-type: none"> • 665 S JEFFERSON AV • COOKEVILLE , TN 38501 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (931) 528-9765 • TTY: (931) 372-8459 |
| <i>Stewart</i> | <ul style="list-style-type: none"> • 108 CENTER POINTE DR • CLARKSVILLE , TN 37040 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (931) 647-5381 • TTY: (931) 647-0991 |
| <i>Sullivan</i> | <ul style="list-style-type: none"> • 2401 SOUTH WILCOX DR. • KINGSPORT , TN 37660 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (423) 247-9820 • TTY: (423) 392-4327 |

| COUNTY | Tennessee Location of Social Security Administration |
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| <i>Sumner</i> | <ul style="list-style-type: none"> • SUITE 140 BUILDING-A • 104 CUDE LANE • MADISON , TN 37115 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (615) 736-2514 • TTY: (615) 736-5049 |
| <i>Tipton</i> | <ul style="list-style-type: none"> • ROOM 304 3RD FLOOR • 3606 AUSTIN PEAY HWY • MEMPHIS , TN 38128 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (901) 385-0127 • TTY: (901) 373-8695 |
| <i>Trousdale</i> | <ul style="list-style-type: none"> • OAKLAND PARK BLDG B • 450 WEST MAIN STREET • GALLATIN , TN 37066 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (615) 451-9341 • TTY: (615) 451-9457 |
| <i>Unicoi</i> | <ul style="list-style-type: none"> • SUITE 400 • 208 SUNSET DRIVE • JOHNSON CITY , TN 37604 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (423) 282-1594 • TTY: (423) 282-4761 |
| <i>Union</i> | <ul style="list-style-type: none"> • RM 223 FED OFF BLDG • 710 LOCUST STREET • KNOXVILLE , TN 37902 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (865) 545-4354 • TTY: (800) 325-0778 |

| COUNTY | Tennessee Location of Social Security Administration |
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| <i>Van Buren</i> | <ul style="list-style-type: none"> • 931 OLD SMITHVILLE HWY • MCMINNVILLE , TN 37110 <p>Office Phone:</p> <ul style="list-style-type: none"> • (800) 772-1213 • (931) 473-1575 • TTY: (931) 506-9220 |
| <i>Warren</i> | <ul style="list-style-type: none"> • 931 OLD SMITHVILLE HWY • MCMINNVILLE , TN 37110 <p>Office Phone:</p> <ul style="list-style-type: none"> • (800) 772-1213 • (931) 473-1575 • TTY: (931) 506-9220 |
| <i>Washington</i> | <ul style="list-style-type: none"> • SUITE 400 • 208 SUNSET DRIVE • JOHNSON CITY , TN 37604 <p>Office Phone:</p> <ul style="list-style-type: none"> • (800) 772-1213 • (423) 282-1594 • TTY: (423) 282-4761 |
| <i>Wayne</i> | <ul style="list-style-type: none"> • 109 E. TAYLOR STREET • LAWRENCEBURG , TN 38464 <p>Office Phone:</p> <ul style="list-style-type: none"> • (800) 772-1213 • (931) 766-0072 • TTY: (931) 762-5578 |
| <i>Weakley</i> | <ul style="list-style-type: none"> • 1003 REELFOOT AVENUE • UNION CITY , TN 38261 <p>Office Phone:</p> <ul style="list-style-type: none"> • (800) 772-1213 • (731) 885-8163 • TTY: (731) 885-3147 |
| <i>White</i> | <ul style="list-style-type: none"> • 665 S JEFFERSON AV • COOKEVILLE , TN 38501 <p>Office Phone:</p> <ul style="list-style-type: none"> • (800) 772-1213 • (931) 528-9765 • TTY: (931) 372-8459 |

| COUNTY | Tennessee Location of Social Security Administration |
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| <i>Williamson</i> | <ul style="list-style-type: none"> • 4527 NOLENSVILLE PIKE • NASHVILLE , TN 37211 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (615) 781-5800 • TTY: (615) 781-5836 |
| <i>Wilson</i> | <ul style="list-style-type: none"> • OAKLAND PARK BLDG B • 450 WEST MAIN STREET • GALLATIN , TN 37066 Office Phone: <ul style="list-style-type: none"> • (800) 772-1213 • (615) 451-9341 • TTY: (615) 451-9457 |

CHAPTER 4

WEBSITES OF INTEREST

1. Inclusion Research Institute
www.inclusionresearch.org
2. John McGee/Self Determination/Positive Approach
www.gentleteaching.com
3. American Network for Community Organizations and Resources
www.ancor.org
4. American Association on Mental Retardation
www.aamr.org
AAMR Journal Mental Retardation, "Integrating Supports in Assessment and Planning" Volume 40, Number 5, pages 390-405 Purpose of the interview – to identify areas of special importance to the person with developmental disabilities.
5. John O'Brien/PATH Training
www.inclusion.com
6. U.S. Department of Labor
www.dol.us
7. U.S. Social Security Administration
www.ssa.us
8. Center for Self-Determination
www.self-determination.com
9. TASH
www.tash.org.
10. Research and Training Center
<http://rtc/umn.edu/questions/index.html> Research and Training Center is part of the Institute on Community Integration(ICI), in the College of Education and Human Development at the University of Minnesota.

THROUGH ASKING THE RIGHT QUESTIONS, YOU CAN FIND THE SUPPORT YOU NEED. Based on the ideas of people with mental retardation, as well as their family members and advocates, Research and Training Center developed a comprehensive, yet simple set of questions, that people with disabilities and their advocates can use to evaluate a prospective living or work situation.